

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29408

1. Entity Name

B.C. HOLDINGS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90003 006 ***150.00

Principal Place of Business
2605 E ATLANTIC BLVD
STE 212
POMPANO BEACH FL 33062
US

Mailing Address
2605 E ATLANTIC BLVD
STE 212
POMPANO BEACH FL 33062-4948
US

010295



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2409670**
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUNDLE, TERRY
2605 E. ATLANTIC BLVD.
STE 212
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--------------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| P | | | TITLE | | |
| DOLATS, DORREZ | | | NAME | | |
| 2605 E. ATLANTIC BLVD. #212 | | | STREET ADDRESS | | |
| POMPANO BEACH FL | | | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| DST | | | TITLE | | |
| MERKT, JACQUES | | | NAME | | |
| 2605 E. ATLANTIC BLVD. STE 212 | | | STREET ADDRESS | | |
| POMPANO BEACH FL | | | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| AST | | | TITLE | | |
| RUNDLE, TERRY | | | NAME | | |
| 2605 E ATLANTIC BLVD 212 | | | STREET ADDRESS | | |
| POMPANO BEACH FL | | | CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TERRY RUNDLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00 9547823666
Date Daytime Phone #

CR2E034 (9/99)