## FILED Jan 22, 2003 8:00 am

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	R PROFIT COR BUSINESS REI	= -
OCUMENT #	G29408	(AS

DOCUMENT # G29408  I. Entity Name  B.C. HOLDINGS, INC:				Secretary of S 01-22-2003 901 43 015 ***1		
Principal Place of Business 2605 E ATLANTIC BLVD STE 212 POMPANO BEACH FL 33062 US 2. Principal Place of Busine 2303 W. MCN. Suite, Apt. #, etc. SUITE 7	2605 É ATLANTIC BLVD STE 212 POMPANO BEACH FL 33062 US iness 3. Mailing Address			☐ CHECK HERE IF MAKING CHANGES		
City & State POMPANO BG		City & State  CORAL SPR		LIDA	4. FEI Number 59-2409670	Applied For Not Applicable
Zip FL. 33069	Country USA and Address of Current F	<sup>Zip</sup> 33077	Countrý USA	<u></u>	5. Certificate of Status Desired \$8.75 Fee Rec  -7: Name and Address of New Registered Agent	Additional uired
2605 E. ATLANTIC BLVD.  STE 212  POMPANO REACH EL 22062		73 N		<sup>Code</sup> 3 <i>06</i> 9		
SiGNATURE Signature, typed of	r printed name of registered agent and FEE IS \$150.00 3 Fee will be \$550.00	·	: Registered Agent signatur	e required w	Selection Campaign Financing	5.00 May Be
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11
TITLE NAME POLATS, E 2605 E. AT CITY-ST-ZIP POMPANO	LANTIC BLVD. #212	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Chai	nge Addition
TITLE DST  NAME MERKT, JA  STREET ADDRESS 2605 E. AT  CITY-ST-ZIP POMPANO	LANTIC BLVD. STE 212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge Addition
TITLE AST RUNDLE, T 2805.E-ATT POMPANO	ANTIC BLVD 212	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	230 Por	3 W. MCNAB ROAD #7 LPANO BGACH FE 33069	ige Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>&gt;</b>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	ige Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	information quality with	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	nd in Sact	Char	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SURVINEE REPORTED LE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 16. 03 954 782 3666 Date Daytime Phone #