2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name BGG, L.L.C.	IT#	L00000	010353						FI	LEĎ	
Principal Place of Busin 2611 NORTH 40TH AVI ATTN: MARSHALL BER HOLLYWOOD FL 33021	enue Rger	,	Mailing Address 2611 NORTH 40TH AVE ATTN: MARSHALL: BERCHOLLYWOOD FL 33021	GER				ZOL DIVIS TAL	I APR 2 ION OF (LAHASS	7 PH I	: 03 Tions
2. Principal Place of B	usiness	3.	Mailing Address	-,-			III		 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	_				DÓ NOT WI	RITE IN THIS	SPACE	
City & State			City & State	- /		4.	FEI Nur	nber 1031032		<u> </u>	oplied For ot Applicable
Zip	Country		Zip	Country	у			ate of Status Desired		\$5.00 Add	ditional
6. Na	ıme and Addre	ess of Current Regi	stered Agent			7.	Name a	nd Address of New	Registered	<u></u>	
REDGER MARSH	IΔI I				Name						
BERGER, MARSHALL 2611 NORTH 40TH AVENUE					Street A	Address (P.O.	Box Num	nber is Not Acceptab	ole)	٠	
HOLLYWOOD FL							· · ·	<u> </u>			
					City				Fl	Zip Cod	е
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SIGNATURE MA	rshell	nis statement for the Buyer of registered agent and title				or registered a	reinstating)		4-2 DATE	4-01	
SIGNATURE MA	rshell	Berger	if applicable. (NOT	The Registered A	gent signat	ture required when	reinstating)	200004 -05/15 *****	218 5/010 50.00	692- 11410 *****5	2 102 0.00
SIGNATURE : Main Signature, ty	rshell yped or printed name	Berger	FILE N Make Check P	Registered A	EE IS S	ture required when \$50.00 tment of Sta	reinstating)	200 004 -05/15 *****	218 5/01-0 50.00	692- 11410 *****	0.00
SIGNATURE Signature, ty 9. TITLE NAME STREET ADDRESS	rshell yped or printed name	Bush of registered agent and title	FILE N	Registered A Will FI Wall FI Able to TITLE NAME STREET	EE IS S	ture required when \$50.00 tment of Sta	reinstating)	200 004 -05/15 *****	218 5/01-0 50.00	692- 11410 *****	0.00 Addition
SIGNATURE Signature, ty 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	rshell yped or printed name	Bush of registered agent and title	FILE N Make Check P	Registered A	EE IS S	ture required when \$50.00 tment of Sta	reinstating)	200004 -05/15 *****	218 5/01-0 50.00	692- 11410 *****5 GChange	O. OO
	rshell yped or printed name	Bush of registered agent and title	FILE N Make Check P	Registered A	Depart ADORESS ADORESS ADORESS	ture required when \$50.00 tment of Sta	reinstating)	200 004 -05/15 *****	218 5/01-0 50.00	692- 11410 *****	0.00
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