


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90097 013 ***158.75

DOCUMENT # **L25172**

1. Entity Name
BGA DESIGN GROUP, INC.



Principal Place of Business	Mailing Address
13200 SW 128 STREET	13200 SW 128 STREET
BLDG G	BLDG G
MIAMI FL 33186	MIAMI FL 33186
US	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip		Country	
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[illegible]

6. Name and Address of Current Registered Agent	
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BELLON, LEOPOLDO 13200 SW 128 STREET BLDG G MIAMI FL 33186	Name
	Street Address (R
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	11
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TITLE	DPST	<input type="checkbox"/> Delete	TITLE	
NAME	BELLON, LEOPOLDO		NAME	
STREET ADDRESS	13200 SW 128 STREET, BLDG G		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	

TITLE	<input type="checkbox"/> Delete	CITY- ST- ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	

CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP			

CITY-ST-ZIP	
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607, F.R.C.P. 6(e), and that the information is true and accurate and that my signature shall have the same effect as the signature of the person or persons authorized to execute this report as required by Chapter 607, F.R.C.P. 6(e), or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] LEONARD E. REQUIRT President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0161962	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL Zip Code

ed agent, or both, in the State of Florida. I am familiar with, and accept

when reinstating) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

ion 119.07(3)(i), Florida Statutes. I further certify that the information
me legal effect as if made under oath; that I am an officer or director
Florida Statutes; and that my name appears in Block 10 or Block 11 if

2/2/03 (305) 278.7776

Date _____ Daytime Phone # _____

CR2E034 (10/02)