

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90257 039 \*\*\*150.00

0202014

**DOCUMENT # L46622**

1. Entity Name  
**B & G GRAPHICS, INC.**

Principal Place of Business      Mailing Address  
~~2465 E COMMERCIAL BLVD~~      C/O HMPD  
~~FT LAUDERDALE FL 33308~~      16100 NE 16 AVE  
 US      NO. MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**328 N. Ocean B1**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      1403

City & State      City & State      4. FEI Number **65-0168741**      Applied For  
**TOMPANO BEACH FL**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       \$8.75 Additional Fee Required  
**33062**      **US**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERKOW, BRUCE I. <del>2465 E COMMERCIAL BLVD</del> <del>FT LAUDERDALE FL FL 33308</del>		Name Street Address (P.O. Box Number is Not Acceptable) <b>328 N Ocean B1</b> <b>#1403</b> <b>POMPANO BEACH FL</b> Zip Code <b>33062</b>	

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKOW, BRUCE I.</b>	NAME	<b>328 N. Ocean B1 #1403</b>
STREET ADDRESS	<del>2465 E COMMERCIAL BLVD.</del>	STREET ADDRESS	<b>TOMPANO BEACH FL 33062</b>
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKOW, ELAINE E.</b>	NAME	✓
STREET ADDRESS	<del>2465 E COMMERCIAL BLVD.</del>	STREET ADDRESS	✓
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	CITY-ST-ZIP	✓
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, CHERYL F.</b>	NAME	✓
STREET ADDRESS	<del>2465 E COMMERCIAL BLVD.</del>	STREET ADDRESS	✓
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	CITY-ST-ZIP	✓
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, ROBERT</b>	NAME	✓
STREET ADDRESS	<del>2465 E COMMERCIAL BLVD.</del>	STREET ADDRESS	✓
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	CITY-ST-ZIP	✓
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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: Elaine Berkow      Elaine Berkow      2/15/01      954-784-8445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E034 (10/00)