

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003033 AF

DOCUMENT # L94000000049

1. Entity Name
BGF REPRESENTACIONES TURISTICAS, L.C.

00 APR 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
100 N. BISCAYNE BLVD., SUITE 2609 100 N. BISCAYNE BLVD., SUITE 2609
MIAMI FL 33132 MIAMI FL 33132-2306



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

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0464278 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WISNIACKI, FABIAN
1915 BRICKELL AVE.
C-402
MIAMI FL 33149

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME ☐ Delete
MGR WISNIACKI, FABIAN
STREET ADDRESS 1915 BRICKELL AVE., C-402
CITY-ST-ZIP MIAMI FL 33129
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003224075--1
CITY-ST-ZIP -04/26/00--01007--020
*****50.00 ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE REQUIRED
FABIAN WISNIACKI MGR.

4/10/00

Date Daytime Phone #

CR2E083 (9/99)