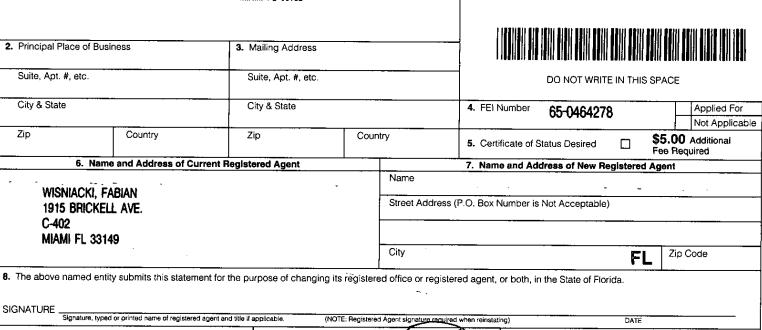
## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9400000049 BGF REPRESENTACIONES TURISTICAS, L.C. Principal Place of Business Mailing Address 100 N. BISCAYNE BLVD., SUITE 2609 100 N. BISCAYNE BLVD., SUITE 2609 MIAMI FL 33132 **MIAMI FL 33132** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Zip Country 6. Name and Address of Current Registered Agent WISNIACKI, FABIAN Street Address (P.O. Box Number is Not Acceptable) 1915 BRICKELL AVE. C-402 **MIAMI FL 33149** City

## Apr 16, 2002 8:00 am Secretary of State

04-16-2002 90085 046 \*\*\*\*50.00



y	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNIACKI, FABIAN 1915 BRICKELL AVE., C-402 MIAMI FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CHTY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

FILE NOW!!! FEE (\$ \$50.00 Make Check Payable to Department of State Due By May 1, 2002

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.

FABIAN WISNIACKI, MGR.

Daytime Phone #