

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000080

1. Entity Name
THE SECOND B.F.G. COMPANY, L.C.

Principal Place of Business
3038-C N. FEDERAL HWY
FT LAUDERDALE FL

Mailing Address
3800 INVERRARY BLVD
SUITE 209
LAUDERHILL FL 33319-4358

2. Principal Place of Business
3800 INVERRARY BLVD

3. Mailing Address

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.

City & State
Lauderhill FL

City & State

Zip
33319

Country
US

Zip

Country

4. FEI Number
65-0432962

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GRANT, DONALD E JR
3800 INVERRARY BLVD
SUITE 209
LAUDERHILL FL 33319

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MEM	BIVINS, DANIEL W	3038 N FEDERAL HWY	FT LAUDERDALE	<input type="checkbox"/>
MEM	FOCKE, HENRY R JR	3038 N FEDERAL HWY	FT LAUDERDALE	<input type="checkbox"/>
MEM	GRANT, DONALD E	3038 N FEDERAL HWY	FT LAUDERDALE	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)