

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90229 047 ***550.00

DOCUMENT # *M09502*

1. Entity Name

BVL Properties, Inc.

DO NOT WRITE IN THIS SPACE

979002

2. Principal Place of Business

1339 Orange Ave. # 8

3. Mailing Address

1339 Orange Ave. # 8

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

8

City & State
Coronado, CA

City & State
Coronado

4. FEI Number

65-0180670

Applied For

Not Applicable

Zip
92118

Country
USA

Zip
92118

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kaplan, Eric J.

Street Address (P.O. Box Number is Not Acceptable)

9200 S. Dadeland Blvd.

Suite 619

City

Miami

FL

Zip Code
33156

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS Aurich, Scott 1339 Orange Ave. # 8 Coronado, CA 92118	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Aurich

(619) 4371330

CR2E034B (12/01)