

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000004347

FILED
Apr 04, 2003
Secretary of State

Entity Name: BE COMMERCIAL PROPERTIES, INC.

Current Principal Place of Business:

P.O. BOX 757
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 757
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-3623304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVARGNA, CARRIE
3415 S.W. CORNELL AVENUE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: BANNON, BARBARA
Address: 1741 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: VP,S () Delete
Name: LAVARGNA, CARRIE
Address: 9250 SW 83RD STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BANNON

P

04/04/2003

Electronic Signature of Signing Officer or Director

_____ Date