

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000010352

1. Entity Name
BCA HOLDING CORP.

Principal Place of Business 520 SOUTH BEACH RD. HOBE SOUND FL 33455	Mailing Address 520 SOUTH BEACH RD. HOBE SOUND FL 33455
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2. Principal Place of Business 790 HILLBRATH DRIVE Suite, Apt. #, etc.	3. Mailing Address 790 HILLBRATH DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LANTANA FL	City & State LANTANA FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33462	Country	Zip 33462	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER LARRY B
 505 S FLAGLER DR, SUITE 1100

 WEST PALM BEACH FL 33401 US

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 **09/19/2001**

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete	
NAME	LOMANGINO ANTHONY		
STREET ADDRESS	520 SOUTH BEACH RD		
CITY-ST-ZIP	HOBE SOUND FL 33455		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LOMANGINO ROBERT		
STREET ADDRESS	520 SOUTH BEACH RD		
CITY-ST-ZIP	HOBE SOUND FL 33455		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GUSMANO CHARLES		
STREET ADDRESS	520 SOUTH BEACH RD		
CITY-ST-ZIP	HOBE SOUND FL 33455		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOMANGINO ROBERT		
STREET ADDRESS	790 HILLBRATH DRIVE		
CITY-ST-ZIP	LANTANA FL 33462		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSMANO CHARLES		
STREET ADDRESS	790 HILLBRATH DRIVE		
CITY-ST-ZIP	LANTANA FL 33462		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES GUSMANO **D** **09/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)