

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90332 038 \*\*\*150.00

**DOCUMENT # P00000042345**

1. Entity Name  
**BGCC, INC.**

Principal Place of Business  
 13179 N.W. LEJEUNE ROAD  
 OPA LOCKA FL 33054

Mailing Address  
 13179 N.W. LEJEUNE ROAD  
 OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

105-1001908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENZ, CAROLYN**  
**4180 N.W. 132ND STREET**  
**MIAMI FL 33054**

Name

**BENZ-CAROLYN**

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

**2850 Stirling Road Suite C**

City

**Hollywood**

**FL**

Zip Code

**33020**

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

*Carolyn Benz*  
**CAROLYN BENZ**

**4/12/2001**

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | S                  | <input type="checkbox"/> Delete |
| NAME           | BENZ, CAROLYN      |                                 |
| STREET ADDRESS | 4180 N.W. 132ND ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33054     |                                 |
| TITLE          | P                  | <input type="checkbox"/> Delete |
| NAME           | CROSSNO, BILLIE J  |                                 |
| STREET ADDRESS | 4180 N.W. 132ND ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33054     |                                 |
| TITLE          | V                  | <input type="checkbox"/> Delete |
| NAME           | CROSSNO, GARY      |                                 |
| STREET ADDRESS | 4180 N.W. 132ND ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33054     |                                 |
| TITLE          | T                  | <input type="checkbox"/> Delete |
| NAME           | BENZ, A. CARL      |                                 |
| STREET ADDRESS | 4180 N.W. 132ND ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33054     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 2850 Stirling Road Suite C                                                   |
| CITY-ST-ZIP    | Hollywood FLA 33020                                                          |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 2850 Stirling Road, Suite C                                                  |
| CITY-ST-ZIP    | Hollywood, FL 33020                                                          |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 2850 Stirling Rd, Suite C                                                    |
| CITY-ST-ZIP    | Hollywood, FL 33020                                                          |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 2850 Stirling Rd Suite C                                                     |
| CITY-ST-ZIP    | Hollywood FLA 33020                                                          |
| 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:

*Carolyn Benz*  
**CAROLYN BENZ, SECRETARY**

**4/12/2001**

**954-923-1466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)