

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90178 017 ***150.00

DOCUMENT # P00000044768

1. Entity Name
BCVS, INC.

Principal Place of Business

1428 THURSH COURT
WESTON FL 33314

Mailing Address

1428 THURSH COURT
WESTON FL 33314

2. Principal Place of Business

Suite, Apt. #, etc.
1428 THURSH CT.

City & State

Zip
33327

Country

3. Mailing Address

Suite, Apt. #, etc.
1428 THURSH CT.

City & State

Zip
33327

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL B ESQ.
777 BRICKELL AVENUE
SUITE 900 SUN TRUST BUILDING
MIAMI FL 33131

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

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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** ☐ Delete
NAME **RELO, JAMES**
STREET ADDRESS **1428 THURSH COURT**
CITY-ST-ZIP **WESTON FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RELO, JAMES** **P/N/T/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1428 THURSH CT.**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

JAMES J. RETO

1/10/02

954-349-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)