2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P00000108089 1. Entity Name BC LEISURE ENTERPRISES, INC. 04-03-2001 90014 014 ***150.00 Principal Place of Business Mailing Address 11000 PROSPERITY FARMS ROAD 11000 PROSPERITY FARMS ROAD SHITE 202 **SUITE 202** 100400 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3776854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANNENBAUM, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BOULEVARD SUITE 304 WEST PALM BEACH FL 33409 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 President ☐ Addition TITLE TITLE ☐ Delete NAME NAME Donald Paparone STREET ADDRESS STREET ADDRESS 11000 Prosperity Farms Road Ste 202 CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL 33410 Change ☐ Addition Sec/Treas. TITLE TITLE NAME Domenick Paparone STREET ADDRESS STREET ADDRESS &1000 Prosperity Farms Road Ste.202 CITY-ST-ZIP CITY-ST-ZIP Palm Reach Gardens, FL 33410. TITLE _ _ Change Addition_[TITLE Delete ___ NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied to report is rue 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 truthee 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 attachme with all other like empowered SIGNATURE:

Donald Paparone
OFFICER OF DIRECTOR

561-622-3038