

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 005 ***150.00

DOCUMENT # P01000000025

1. Entity Name

BGKOM INC

DO NOT WRITE IN THIS SPACE

B0051497

2. Principal Place of Business
1009 LAKESHORE RANCH DR
Suite, Apt. #, etc.

3. Mailing Address
1009 LAKESHORE RANCH DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SEFFNER FL
Zip
33584
Country
USA

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SEFFNER FL
Zip
33584
Country
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4. FEI Number
65-1114216
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRIAN D BRAVERMAN
Street Address (P.O. Box Number is Not Acceptable)
1009 LAKESHORE RANCH DR
City
SEFFNER FL Zip Code
33584

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 Brian D Braverman, President 3/12/02
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) ☒
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PT
NAME	BRIAN D BRAVERMAN
STREET ADDRESS	1009 LAKESHORE RANCH DR
CITY-ST-ZIP	SEFFNER FL 33584
TITLE	V
NAME	GEORGE WALCHAK
STREET ADDRESS	5100 BURCHETTE RD
CITY-ST-ZIP	TAMPA FL 33647
TITLE	V
NAME	RICHARD MILLER
STREET ADDRESS	1501 HIGHCREST CIRCLE
CITY-ST-ZIP	VALAICO FL 33594
TITLE	S
NAME	ROBERT GROFF
STREET ADDRESS	1209 N GLEN AVE
CITY-ST-ZIP	TAMPA FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian D Braverman 3/12/02 833763896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)