

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90325 005 \*\*\*150.00

0036398  
AV

**DOCUMENT # P01000002385**

1. Entity Name  
**B & G MULTISERVICES, INC.**



Principal Place of Business  
**4202 N STATE RD 7  
LADERDALE LAKES FL 33319**

Mailing Address  
**4613 NW 30 TERR  
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

**4202 N. State RD 7**

3. Mailing Address

**4202 N. State RD 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Lauderdale Lakes, FL**

City & State

**Lauderdale Lakes, FL**

4. FEI Number **91-2096329**

Applied For

Not Applicable

Zip

**33319**

Country

**Broward**

Zip

**33319**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAZILE, SERGE R  
C/O DAZILE & ASSOCIATES  
437 E. ATLANTIC BLVD STE 1-C  
POMPAHO BEACH FL 33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Betty Joseph, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/2003**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **JOSEPH, BETTY**  
STREET ADDRESS **4613 NW 30 TERR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **VP** ☐ Delete  
NAME **LAHENS, JEAN P**  
STREET ADDRESS **4613 NW 30 TERR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Betty Joseph, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/2003**

DATE

Daytime Phone #

CR2E034 (10/02)