

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90125 035 ***150.00

DOCUMENT # P01000021900

1. Entity Name

BC ATLANTIC ENTERPRISES INC.

Principal Place of Business

15300 SW 134TH PL #202
 MIAMI FL 33176

Mailing Address

15300 SW 134TH PL #202
 MIAMI FL 33176

2. Principal Place of Business

12950 S.W. 128TH ST.

3. Mailing Address

12950 S.W. 128TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #5

Unit #5

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33186

U.S.A.

Zip

Country

33186

U.S.A.

4. FEI Number

651075986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MADRIZ, JUAN C

15300 SW 134TH PL #202

MIAMI FL 33176

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 PD ☐ Delete
 NAME MADRIZ, JUAN C
 STREET ADDRESS 15300 SW 134TH PL #202
 CITY-ST-ZIP MIAMI FL 33176

TITLE VD ☒ Delete
 NAME BARRUETO, CLAUDIO
 STREET ADDRESS 12401 SW 207TH TERRACE
 CITY-ST-ZIP MIAMI FL 33177

TITLE SD ☒ Delete
 NAME MENDIBLE, NAYBELI
 STREET ADDRESS 9351 FOUNTAINBLEAU BLVD. #B420
 CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 259-4050
 (786) 293-8998

CR2E034 (9/01)