

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 005 ***150.00

DOCUMENT # P01000047972

1. Entity Name **BGE INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5465 NW 90th Terrace
Suite, Apt. #, etc.

3. Mailing Address

5465 NW 90th Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL
Zip **33351** Country **USA**

City & State

Sunrise, FL 33351
Zip **33351** Country **USA**

4. FEI Number

65-1105421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FREDERIC EPELBAUM

Street Address (P.O. Box Number is Not Acceptable)

5465 NW 90th Terrace

City

Sunrise

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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 **FREDERIC EPELBAUM**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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 **President**
NAME **FREDERIC EPELBAUM**
STREET ADDRESS **5465 NW 90th Terr.**
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE **Vice President**
NAME **LINDA EPELBAUM**
STREET ADDRESS **5465 NW 90th Terr.**
CITY-ST-ZIP **Sunrise, FL 33351**

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FREDERIC EPELBAUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/22/02 (954) 748-1687