

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91400 012 \*\*\*150.00

0407023 AV

**DOCUMENT # P01000051102**

1. Entity Name  
**BMVC, INC.**

Principal Place of Business  
**4772 N. CITATION DR**  
**202**  
**DELRAY BEACH FL 33445**

Mailing Address  
**4772 N. CITATION DR**  
**202**  
**DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5331 NW 26th Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5331 NW 26th Circle**  
 Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**  
 Zip  
**33496**  
 Country  
**USA**

City & State  
**Boca Raton, FL**  
 Zip  
**33496**  
 Country  
**USA**

4. FEI Number  
**65-1105755**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BERGER, JESSE B**  
**4772 N. CITATION DR.**  
**202**  
**DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent  
 Name **Jesse Berger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5331 NW 26th Circle**  
 City **Boca Raton** **FL** Zip Code **33496**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERGER, JESSE B</b> <b>4772 N. CITATION DR 202</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jesse Berger</b> <b>5331 NW 26th Circle</b> <b>Boca Raton FL 33496</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/02 561 289 0752**  
 Date Daytime Phone #

CR2E034 (9/01)