FILED
Sep 30, 2002 8:00 am
Secretary of State
09-09-2002 90018 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054884

1. Entity Name
B.C.L. APPLIANCE .CORP

Principal Place of Business	Mailing Address
6518 SW 41 ST	P.O BOX292511
DAVIE FL 33314	DAVIE FL 33329
US	US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6518 SW 41 ST	PO BOX 292511
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33314 / Country: U.S.A	Zip: 33329-2511 / Country: U.S

4. FEI Number: 03-0381903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABOLAFIA, IVAN R
6518 SW 41 ST
DAVIE FLAFL US

7. Name and Address of New Registered Agent
Name: IVAN ABOLAFIA
Street Address (P.O. Box Number is Not Acceptable): 6518 SW 41 ST
City: DAVIE FL Zip Code: 33314

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 [signature] [signature] 9/25/02
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) ☑

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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	P	☑ Delete
NAME	ABOLAFIA, COREY S	
STREET ADDRESS	6518 SW 41 ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	P	☐ Delete
NAME	IVAN ABOLAFIA	
STREET ADDRESS	6518 SW 41 ST DAVIE FL	
CITY-ST-ZIP	33314	
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		

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

CR2E034 (4/02)

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] 9/6/02 (954) 658-8095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 43220

P0100005 4884

B.C.L Appliance Corp
Po. Box 292511
DAVIE FL. 33329-2511

TO WHO IT MAY CONCERN
THIS is The First Uniform Business Report
I have received. I spoke with some-one
in your office and they told me to
wright this letter and to inclose a check
For one hundred fifty dollars
if you have any questions about this letter
please give me a call

my daytime phone #
(954) 658-8095 cell

Night phone #
(954) 581-4485

THANK you

Ivan A Rodriguez