2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054890 1. Entity Name BBTGI INC. Principal Place of Business Mailing Address

380 N.W. 37 STREET OAKLAND PARK FL 33309

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2. Principal Place of Business		3. Mailing Address
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Suite, Apt. #, etc.	'.*	Suite, Apt. #, etc.
City & State		City & State



Suite, Apt. #, etc.	'.	Suite, Apt. #, et	C.	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARCELO, RICARD	nO		Name				
380 N.W. 37 ST.			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
OAKLAND PARK F	L 33309				iii		
_			City		FL Zip Code		
3. The above named en	tity submits this statem	ent for the purpose of chan-	ning its registered -ffi-				

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution. *

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARCELO, RICARDO 380 N.W. 37 STREET OAKLAND PARK FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS =		☐ Change	Addition

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 empowere no execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee en changed, or on an attachment with an address

SIGNATURE: