2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

May 16, 2002 8:00 am Secretary of State FILED P01000058261 DOCUMENT # 1. Entity Name **BCG LAND AND PROPERTY CORPORATION** 05-16-2002 90032 048 ***158.75 Principal Place of Business Mailing Address 770 NE 161ST ST. 770 NE 161ST ST. MIAMI FL 33162 MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1123093 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUERRIER, CARLO** OUERRIER 770 NE 161ST ST. **MIAMI FL 33162** Zip Code 33/62 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change Addition **GUERRIER, CARLO** NAME NAME 770 NE 161ST ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33162** CITY-ST-7IP. CITY-ST-ZIP TITLE Delete TITLE ☐ Addition GUERRIER, BEATRICE NAME NAME STREET ADDRESS 770 NE 161ST ST. STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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 of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

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