

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91458 020 ***150.00

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DOCUMENT # P01000098901

1. Entity Name
BGZ SERVICE INC.



Principal Place of Business
1290 WESTON ROAD
SUITE 306
WESTON FL 33326

Mailing Address
1290 WESTON ROAD
SUITE 306
WESTON FL 33326

2. Principal Place of Business
1290 Weston Road

3. Mailing Address
1290 Weston Road

Suite, Apt. #, etc.
Suite 306

Suite, Apt. #, etc.
Suite 306

City & State
Weston FL

City & State
Weston FL

Zip
33326

Country
EEUU

Zip
33326

Country
EEUU



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
52-2347549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, RICARDO
14418 SW 142 CT.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
BELANDRIA, JUAN G
Street Address (P.O. Box Number is Not Acceptable)
16280 SOUTH POST RD, STE #201
City
Weston FL
FL
Zip Code
33331

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

(NOTE: Registered Agent signature required when reinstating)

04/26/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
BELANDRIA, JUAN G
STREET ADDRESS
16240 SOUTH POST RD., STE. #104
CITY-ST-ZIP
WESTON FL 33331

TITLE
PD
NAME
BELANDRIA, JUAN G
STREET ADDRESS
16280 SOUTH POST RD, STE #201
CITY-ST-ZIP
WESTON FL. 33331

TITLE
VD
NAME
BELANDRIA, JAVIER A
STREET ADDRESS
16140 SOUTH POST RD., STE. #202
CITY-ST-ZIP
WESTON FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
GONZALEZ, GIORDANA
STREET ADDRESS
16240 SOUTH POST RD., #104
CITY-ST-ZIP
WESTON FL 33331

TITLE
D
NAME
GONZALEZ, GIORDANA
STREET ADDRESS
16280 SOUTH POST RD, #201
CITY-ST-ZIP
WESTON. FL 33331

TITLE
D
NAME
ZANONI, INDIRA
STREET ADDRESS
16140 SOUTH POST RD., STE. #202
CITY-ST-ZIP
WESTON FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03
(954) 5996506
DATE **Daytime Phone #**

CR2E034 (10/02)