2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)					FILED				CANTARIO
DOCUMENT # P01000105706 1. Entity Name BGB ENTERPRISES, INC.					Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90193 025 ***150.00				80 AV
Principal Place of Business C48 MANATEE BAY DRIVE BOYNTON BEACH FL 33435 Mailing Address 648 MANATEE BAY DRIVE BOYNTON BEACH FL 33465			5					101/10 OSIVI 10 OSI	
1/ 11	Place of Business Ammond Place #, etc.	3. Mailing Address Suite, Apt. #, etc.	re.		1,221,221,17	WRITE IN THIS			
Boyn	iton Bch, FI.	City & State	0	4.	65-1154	659	No	plied For t Applicable	
²¹⁹ 33	426 Falm Bch 6. Name and Address of Current	Zip Registered Agent	Country		Certificate of Status Desir	ed 🗀	\$8.75 Add Fee Required Agent		
	ATE CREATIONS NETWORK INC. RTH STREET #200		Name Street A	Mar ddress (P.O.	Cia L Box Number is Not Accep	3 Mine	2		-
Miami Be	ACH FL 33139		ان يتن. City - P	2 Ha	mmond on Beh	Place FL	330	(J.G)	
8. The above	e named entity submits this statement for Man Caa Z Signature, typed or printed name of registered agent a	Bivins	egistered office or	_		of Florida. H	102		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		50.00	10. Election Campaig Trust Fund Contrib	~ ~		0 May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	Al	DDITIONS/CHANGES TO	OFFICERS AND		3 IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVINS, BOBBY G 646 MANATEE BAY DRIVE BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 Han	nmond Place	I. 334	Machange	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVINS, MARCIA L 646 MANATEE BAY DRIVE BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 Ha	nton Bch, I mmond Pl nton Bch,	lace El 22	DChange 426	☐ Addition	S
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	÷	o → - □ Delete - ∞ =	TITLE	,	, so Doct	11. 52	Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall he required by Cha	ave the same	legal effect as if made un-	der oath; that I a	ım an officer	or director	