2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 amg Secretary of State DOCUMENT # P01000121349 1. Entity Name 05-16-2002 90009 018 ***150.00 B.C.I. INTERNATIONAL GROUP INC. Principal Place of Business Mailing Address 1288 CHINEBERRY DR. 1288 CHINEBERRY DR. 1は たたり写真は 九菱 WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 31395 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **MACINTER CORPORATION** Street Address (P.O. Box Number is Not Acceptable) 5440 NORTH STATE ROAD 7 SUITE 218 FORT LAUDERDALE FL 33319 Zip Code FL 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. **GIGNATURE** 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition ☐ Change NAME CAMACHO, CARLOS NAME STREET ADDRESS 1288 CHINEBERRY DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WESTON FL 33327 TITLE ☐ Delete TITLE ☐ Addition Change **VPD** NAME NAME PABON, ZULIA STREET ADDRESS STREET ADDRESS 1288 CHINEBERRY DR. CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 TITLE --- Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME 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

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 sheet of this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment until an addition, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED