

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90247 046 ***150.00
05-05-2003 91879 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000002719

1. Entity Name
B.C. HOLDINGS OF SOUTH FLORIDA, INC.



Principal Place of Business
**2100 PONCE DE LEON BLVD, SUITE 600
CORAL GABLES, FL 33134**

Mailing Address
**2100 PONCE DE LEON BLVD, SUITE 600
CORAL GABLES, FL 33134**

90128901



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLANUEVA, CARLOS J
2100 PONCE DE LEON BLVD, SUITE 600
CORAL GABLES, FL 33134**

Name
TAX MANAGEMENT SERVICES CORP

Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12TH STREET

SUITE 318

City
MIAMI

FL

Zip Code
33126

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

(NOTE: Registered Agent signature required when reinstating)

05-01-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 11, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CARDONA, CARMEN
7925 NW 12 STREET, SUITE 318
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARDONA, BEATRIZ E
2100 PONCE DE LEON BLVD, SUITE 600
CORAL GABLES, FL 33134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Maribel C. Cardona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-03

Date

Daytime Phone #

CR2E034 (10/02)