DOCUMENT # P02000049993

Entity Name

B.G.S. Properties Inc

Principal Place of Business / Mailing Address

4940 Fishermans Dr. #F
Coconut Creek, FL 33063

FILED
Nov 10, 2003 8:00 A.M.
Secretary of State

2. Principal Place of Business	3. Mailing Address
4940 Fishermans Dr	Same
Suite, Apt. #, etc. #F	Suite, Apt. #, etc.
City & State: Coconut Creek FL	City & State:
Zip: 33063 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 010701587 1 — Applied For / Not Applicable

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
BOOTSMA, CARRIE 718 SW 2nd Court Ft. Lauderdale, FL 33312	Name: ANA S. BASTOS Street Address (P.O. Box Number is Not Acceptable) 4940 Fishermans Dr. #F City: Coconut Creek FL Zip Code: 33063

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: ANA S. BASTOS PRESIDENT
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

☐ This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BOOTSMA, CARRIE 33312 718 SW 2nd Court, Ft Laud. FL	☒ Delete	PRESIDENT ANA S. BASTOS 4940 Fishermans Dr. #F Coconut Creek, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000D21211680 11/12/03-01053-011 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ana S. Bastos 10/01/03
FILING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date