


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

DOCUMENT # P02000104206 1. Entity Name  BGCS, INC	
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**FILED**  
03 NOV 10 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business P.O BOX 11625  Suite, Apt. #, etc.	3. Mailing Address   Suite, Apt. #, etc.
City & State FORT LAUDERDALE FL	City & State
Zip 33339	Country USA

**REINSTATEMENT** *JS*  
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 22-3873269		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MURILLO IRAM	Street Address (P.O. Box Number is Not Acceptable)  2101 NE 45 ST City FORT LAUDERDALE FL Zip Code 33308	

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]* 11/05/2003  
Signature based on printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURILLO IRAM P.O BOX 11625, FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200024565392 11/10/03--01069--016 **150.00
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 11/05/2003 754-2343990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*TR*

November 5, 2003

Dear Sir/ Madam :

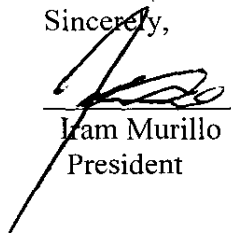
Per our conversation by telephone you advised me to write you a letter explaining you why you never received my annual report for year 2003. As I told you, the reason of this delay was because I never received any form or information regarding this obligation.

The name of my Corporation is : BGCS, INC with Federal #: 223-873269.

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Please see attached form with fee of \$150.00

Sincerely,



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Ram Murillo  
President