

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90067 009 ***150.00

DOCUMENT # P02000112254

1. Entity Name
PROYECTOS BCR INCORPORATED



Principal Place of Business
600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025

Mailing Address
600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025



2. Principal Place of Business

4680 NW. 102 Ave

3. Mailing Address

4680 NW. 102 Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

#104

#104

City & State

City & State

MIAMI

MIAMI, FL

Zip

Zip

FL 33178

33178

Country

Country

4. FEI Number

06-1653542

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

CARDOZO, PEGGY J

600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 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
D
CARDOZO, CARLOS J.
600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONTRERAS, BETSY Y
600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025

☐ Delete

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

TITLE
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CITY-ST-ZIP
D
CARDOZO, PEGGY J
600 SW 110TH AVE., #25-305
PEMBROKE PINES FL 33025

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☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03

Date

Daytime Phone #

CR2E034 (10/02)