

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90180 019 ***150.00

DOCUMENT # P02000120176



1. Entity Name
BM ENTERPRISES GROUP CORP.

Principal Place of Business
1320 SOUTH DIXIE HWY., SUITE 280
CORAL GABLES FL 33146

Mailing Address
1320 SOUTH DIXIE HWY., SUITE 280
CORAL GABLES FL 33146



2. Principal Place of Business
7920 NW 66 ST.

3. Mailing Address
8571 NW 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B.7 - Apt. 203

City & State
MIAMI FL

City & State
SUNRISE FL

4. FEI Number
43-1982274

Applied For

Not Applicable

Zip
33146

Country
USA

Zip
33351

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

DE VARONA, RAUL J
1320 SOUTH DIXIE HWY., SUITE 280
CORAL GABLES FL 33146

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
D
GOMEZ, HECTOR H
1320 SOUTH DIXIE HWY., SUITE 280
CORAL GABLES FL 33146

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STREET ADDRESS
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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: HERNANDO HOLGUIN GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)