

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013257

1. Entity Name

B. G. PINE ISLAND CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90088 014 ***150.00

Principal Place of Business

~~16001 PINES BLVD~~
~~PEMBROKE PINES FL 33024~~
US

Mailing Address

~~CHARLES D BRECKER ESQ~~
~~100 AVE 3RD AVE STE 200~~
~~FT LAUDERDALE FL 33301-1165~~
US

2. Principal Place of Business

9815 Pines Boulevard

3. Mailing Address

9815 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0403069

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

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

CORPCO INC
2699 S BAYSHORE DR
7TH FLOOR
MIAMI FL 33301

Name

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

City Miami

FL

Zip Code

33133-5408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 ☐ Delete
NAME D
STREET ADDRESS GLASSMAN, LARRY D
CITY-ST-ZIP 16001 PINES BLVD. ---
PEMBROKE PINES FL ---

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9815 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
NAME D
STREET ADDRESS GLASSMAN, STEVEN M
CITY-ST-ZIP 16001 PINES BLVD. ---
PEMBROKE PINES FL ---

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9815 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4-4-00

Date

954-435-8008

Daytime Phone #

CR2E034 (9/99)