## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am DOCUMENT # P92000013257 Secretary of State 1. Entity Name B. G. PINE ISLAND CORP. 02-15-2001 90089 049 \*\*\*150.00 Principal Place of Business Mailing Address 9815 PINES BLVD -08+5-PINES-BLVD----PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 717402 US 2. Principal Place of Business 3. Mailing Address 1000 South Federal Highway 1000 South Federal Highway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0403069 Boynton Beach, FL Boynton Beach, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33435 33435 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPCO INC Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DR 7TH FLOOR MIAMI FL 33133-5408 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME GLASSMAN. LARRY D 1000 South Federal Highway STREET ADDRESS STREET ADDRESS 9815 PINS-BLVD----CITY-ST-ZIP Boynton Beach, FL 33435 CITY-ST-7IP PEMBROKE PINES FL 33024 TX Change ☐ Addition ☐ Delete TITLE GLASSMAN, STEVEN M NAME 1000 South Federal Highway STREET ADDRESS STREET ADDRESS 0815 PINES BLVD ----Boynton Beach, FL 33435 CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Addition Change ☐ Delete TITLE NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

LARRY D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-12-01