

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90143 033 ***150.00

DOCUMENT # P92000013257

1. Entity Name

B. G. PINE ISLAND CORP.

DO NOT WRITE IN THIS SPACE

830718

2. Principal Place of Business
1000 South Federal Highway
Suite, Apt. #, etc.

3. Mailing Address
1000 South Federal Highway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
65-0403069

Applied For
Not Applicable

Zip
33435

Country
USA

Zip
33435

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2699 South Bayshore Drive, 7th Fl.

City
Miami FL Zip Code
33133

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	Glassman, Larry D. 1000 South Federal Highway Boynton Beach, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE VSTD NAME STREET ADDRESS CITY - ST - ZIP	Glassman, Steven M. 1000 South Federal Highway Boynton Beach, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry D. Glassman, Pres.

Date

Daytime Phone #

(Tel) 742-4910

CR2E034B (12/01)