

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002517

1. Entity Name  
**B & G INDUSTRIES INC.**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90009 021 \*\*\*158.75

Principal Place of Business  
**6601 LYONS RD D4  
COCONUT CREEK FL 33073  
US**

Mailing Address  
**6601 LYONS RD D4  
COCONUT CREEK FL 33073  
US**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |  |  |
|--------------------------------|---------|---------------------|---------|--|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0386697</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  |  |  |
| City & State                   |         | City & State        |         |  |  |  |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |  |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent                            |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>SCHILLINGER, GERHARD<br/>8143 NW 12TH ST<br/>CORAL SPRINGS FL 33071</b> |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  |  |  |    |  |
|  |  |  |  | City   |  | FL |  |

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) (NOT Required 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) <input type="checkbox"/> | <b>FILE NOW!</b><br><b>After MAY 1, 2001</b><br><b>Make Check Payable to Department of State</b> | <b>FEE IS \$150.00</b><br><b>Fee will be \$550.00</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SCHILLINGER, GERHARD<br/>8143 NW 12TH ST.<br/>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>ULAM, MARK<br/>2501 NW 114 AV<br/>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 is 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]* **04/28/01** **94571PN0**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)