2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 08:00 AM
Secretary of State

DOCUMENT # **P93000048461**

1. Entity Name
BNC ASSET RECOVERY & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3123 COMMERCE BLVD.	9965 MIRAMAR PKY.
	SUITE 202
MIRAMAR FL	MIRAMAR FL
33025 US	33025 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0429394** ☐ Applied For ☐ Not Applicable

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
NISEWANGER CYNTHIA	Name
9965 MIRAMAR PKY., STE. 202	Street Address (P.O. Box Number is Not Acceptable)
MIRAMAR FL	
33025 US	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.

SIGNATURE **CYNTHIA NISEWANGER** **05/31/2000**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S NISEWANGER CYNTHIA 9965 MIRAMAR PKWY STE 202 MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHNER A. 9965 MIRAMAR PKY., STE. 202 MIRAMAR FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Nisewanger S 05/31/2000