

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000022382**

1. Entity Name

BCG ACQUISITION CORPORATION

Principal Place of Business

P.O. BOX 100527
FORT LAUDERDALE FL 33310

Mailing Address

P.O. BOX 100527
FORT LAUDERDALE FL 33310-0527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDELL, CRAIG J
800 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE FL 33334**

Name

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

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

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**DP
GORDON, BRIAN
3317 NW 10TH TERR SUITE 409
FORT LAUDERDALE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VT
SULTAN, EDDIE
3317 NW 10TH TERRACE SUITE 409
FT LAUDERDALE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**4208 North 31st Avenue Suite #3
Hollywood, FL 33021**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**4208 North 31st Avenue Suite #3
Hollywood, FL 33021**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ 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 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

Date

Daytime Phone #

**FILED
Mar 20, 2000 8:00 am
Secretary of State**

03-20-2000 90201 003 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0565357

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

C920234 10/000