2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rec

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000043042 Mar 14, 2000 8:00 am 1. Entity Name Secretary of State BDG INVESTMENTS, INC. 03-14-2000 90091 007 ***150.00 Mailing Address Principal Place of Business 999 WASHINGTON AVE. 999 WASHINGTON AVE. MIAMI BEACH FL 33139-5015 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0584777 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>ABRAHAM A. GALBUT</u> WASSERMAN, MARTIN W Street Address (P.O. Box Number is Not Acceptable) 999 WASHINGTON AVE. MIAMI BEACH FL 33139 999 WASHINGTON AVENUE MIAMI BEACH. ^Z3337p3s9 registered agent, or both, in the State of Florida. 8. The above no SIGNATURE ent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD K) Change Addition TITLE ☐ Delete TITLE GALBUT, ABRAHAM A ABRAHAM A. GALBUT NAME NAME STREET ADDRESS 999 WASHINGTON AVENUE 999 WASHINGTON AVE. STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI BEACH, FL 33139</u> X Addition ☐ Delete TITLE VPTD Change TITLE NANCY K. GALBUT NAME NAME STREET ADDRESS STREET ADDRESS 999 WASHINGTON AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH. FL 33139 ☐ Change □ Addition Delete ----TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP plated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is 13. I hereby certify that the information supplied with this filing