2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNII	FORM BUSI	FILED						
DOCUMENT # P95000091475 1. Entity Name						Feb 08, 2000 8:00 am Secretary of State 02-08-2000 90152 047 ***150.00			
BC & ME, INC.									
Principal Place	of Business	3	Mailing Address						
10097 CLEARY BLVD STE. 340 PLANTATION EL 33324			10097 CLEARY BLVD., STE. 340 PLANTATION FL 33324-1065			B0009054			
2. Principal Pl	age of Busin	OPP	3. Mailing Address	,					
10022	NW'	96 51	P.O. BOX 50328				(6 2) 66 65 65		DI DIRI 1881
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			DO NO	OT WRITE IN TH	IIS SPACE	_
SUNRISE PL			LIGHTHOUSE POINT			4. FEI Number 65-06	621257	Not	plied For t Applicable
Zip 33 33 <i>5</i>	1	Country	^{Zip} 33 0 フソ	Country		5. Certificate of Status De		\$8.75 Addi	
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent			
ROB						P.O. Box Number is Not Acceptable) 20 NE 48 COURT			
10697 CLEARY BLVD.					24	20 NE 48	, COU	٤7	_
SUITE 340 PLANTATION FL 33324 A OOR CSS								Zip Code	
						THOUSE POIN			364
8. The above	named entity	y submits this statement for	_			red agent, or both, in the Stat	le of Fiorida.	/// -	
SIGNATURE _	Signature, typed	or printed name of registered agent an		BERT C	nature required	d when reinstating)	DA DA	// 4/2 000	
Tax filing re	-	ble to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal		\$550.00	10. Election Campa Trust Fund Con	-		0 May Be I to Fees
11,		OFFICERS AND D		12.	1000	ADDITIONS/CHANGES	TO OFFICERS /		
TITLE NAME	P CANNON	, Robert G	Delete	TITLE NAME	1000	SIDENT BERT G ANN	von.	🔀 Change	☐ Addition
STREET ADDRESS 10097 CLEARY BLVD., SUITE 34		ADDRESS	STREET ADDRES	S 24.	20 NE 48 COU	ノタフ	77064		
TITLE	<u>Plantat</u> D	ION FL 33324	Delete	CITY-ST-ZIP	VIC	E PRESIDENT	" 	Change	Addition
NAME	CANNOIN	I, MARIE E	NEW -	NAME	MA	OIE CANNON	RY	-	
STREET ADDRESS CITY-ST-ZIP		.eary BLVD., Suite 340 Ion Fl. 33324	ACORESS "	STREET ADDRES CITY-ST-ZIP	S 24:	HTHOUSE POI	NT FC	3306	4
TITLE	· Carrette		Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	•			NAME STREET ADDRES	SS ~-	<u>.</u>	-	~	
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRES	SS				
CITY-ST-ZIP		 :		CITY-ST-ZIP				Change	Addition
TITLE NAME		Over The Chara	☐ Delete	NAME				change	
STREET ADDRESS		t Fra Territoria		STREET ADDRES	SS				
CITY-ST-ZIP	i		Delete	TITLE	-			☐ Change	Addition
NAME				NAME STREET ADORES					
STREET ADDRESS CITY-ST-ZIP				STREET ADORES CITY-ST-ZIP	»				
13. I hereby of indicated	ertify that the	e information supplied with the or supplemental report is	this filing does not qualify fo true and accurate and that	or the exemption of the	stated in So	ection 119.07(3)(i), Florida St same legal effect as if made	tatutes, i further	certify that the in	nformation or director

Polest & Comme MES: ROBERT CANNON 1/4/2000 9542952930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Date