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

## FILED DOCUMENT # P9600002706 Feb 08, 2000 8:00 am **Secretary of State** B & G TRANSCRIPTION, INC. 02-08-2000 90037 014 \*\*\*150.00 Principal Place of Business Mailing Address 11750 BIRD ROAD 927 SW 118 CT. MIAMI FL 33184-2550 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 65-0638839 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. GALLIA GARCIA, ANA M Street Address (P.O. Box Number is Not Acceptable) 904 S.W. 149 WAY SUNRISE FL 33326 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE NAME NAME GARCIA, ANA STREET ADDRESS STREET ADDRESS 904 S.W. 149 WAY CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 ☐ Change ☐ Addition Delete TITLE TITLE NAME BLANCO, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 927 S.W. 118 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184. ☐ Addition ☐ Change Delete TIT! F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR