

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000058509**1. Entity Name
BST GROUP, INC.

Principal Place of Business

911 CHESTNUT STREET

CLEARWATER FL 33756

Mailing Address

911 CHESTNUT STREET

CLEARWATER FL 33756

2. Principal Place of Business

4960 S.W. 72ND AVENUE

Suite, Apt. #, etc.
SUITE 205City & State
MIAMI FLZip Country
33155 US

3. Mailing Address

4960 S.W. 72ND AVENUE

Suite, Apt. #, etc.
SUITE 205City & State
MIAMI FLZip Country
33155 US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3403949

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOKOR BRUCE H
911 CHESTNUT STREET

CLEARWATER FL 33756 US

7. Name and Address of New Registered Agent

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 **BRUCE H. BOKOR, SECRETARY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/04/2001

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, 2001 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

TITLE	T	<input type="checkbox"/> Delete
NAME	DELGADO CARLOS	
STREET ADDRESS	4960 SW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARPER JAMES	
STREET ADDRESS	150 PALMETTO RD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOKER BRUCE	
STREET ADDRESS	2137 LAURENCE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: BRUCE H. BOKOR, SECRETARY

SEC

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)