

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90163 021 ***150.00

DOCUMENT # P96000090083

1. Entity Name

BPG CORPORATION

Principal Place of Business

**6800 BENJAMIN ROAD
TAMPA FL 33634-4496**

Mailing Address

**6800 BENJAMIN ROAD
TAMPA FL 33634-4496
US**2. Principal Place of Business *40 GOLDBERG*
60 SUTTON PLACE SOUTH3. Mailing Address *40 GOLDBERG*
60 SUTTON PLACE SOUTHSuite, Apt. #, etc.
APT. 12ESSuite, Apt. #, etc.
APT. 12ESCity & State
NEW YORK NYCity & State
NEW YORK NYZip
10022-4168Country
USAZip
10022-4168Country
USA4. FEI Number **59-3407517**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGLIANO, JOHN J ESQ.
201 NORTH FRANKLIN STREET, SUITE 2600
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> Delete
NAME	GOLDBERG, BARBARA P	
STREET ADDRESS	6800 BENJAMIN ROAD	
CITY-STATE-ZIP	TAMPA FL 33634-4496	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOLDBERG, JEFFREY L	
STREET ADDRESS	6800 BENJAMIN ROAD	
CITY-STATE-ZIP	TAMPA FL 33634-4496	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, DAVID H	
STREET ADDRESS	6800 BENJAMIN ROAD	
CITY-STATE-ZIP	TAMPA FL 33634-4496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	60 SUTTON PLACE SOUTH - APT 12ES
CITY-STATE-ZIP	NEW YORK NY 10022-4168
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	60 SUTTON PLACE SOUTH - APT 12ES
CITY-STATE-ZIP	NEW YORK NY 10022-4168
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 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:

JEFFREY L. GOLDBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/5/02**
Date**212-355-0807**
Daytime Phone #

CR2E034 (9/01)