

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **096000097514**

1. Entity Name

**BCS PINES, INC.**

FILED

00 OCT 25 PM 2:06

SECRETARY OF STATE  
TREASURY, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

**402 N UNIVERSITY DR.**

3. Mailing Address

**402 N UNIVERSITY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PEMBROKE PINES, FL**

City & State

**PEMBROKE PINES, FL**

4. FEI Number

**65-0728737**

Applied For

Not Applicable

Zip

**33024**

Country

**USA**

Zip

**33024**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMUELS, SCOTT A.  
13404 BISCAYNE BLVD.  
N. MIAMI, FL 33181  
USA**

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

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, 2000 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 **PRESIDENT** ☐ Delete  
NAME **SCOTT A. SAMUELS**  
STREET ADDRESS **13404 BISCAYNE BLVD.**  
CITY-ST-ZIP **N. MIAMI, FL 33181** ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **600003441616--8**  
CITY-ST-ZIP **10/27/00-01014-019**  
**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

**Scott A. Samuels**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT A. SAMUELS**

**President**

Date

**10/10/00**

Daytime Phone #

**95443635**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 15, 2000

BCS PINES, INC.  
402 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

SUBJECT: BCS PINES, INC.  
Ref. Number: P96000097514

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report has not been filed and a copy is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather  
Document Specialist

Letter Number: 100A00048884