

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 010 ***150.00

DOCUMENT # P96000103038

1. Entity Name

BGW HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17690 S. Dixie Hwy

Suite, Apt. #, etc.

Suite #B

City & State

Miami Florida

Zip

33157

Country

USA

3. Mailing Address

17690 S. Dixie Hwy

Suite, Apt. #, etc.

Suite #B

City & State

Miami Florida

Zip

33157

Country

USA

4. FEI Number

65-0735097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John R. White

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

17690 S. Dixie Hwy, Suite B

City

Miami

FL

Zip Code

33157

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
John R. White
17690 S. Dixie Hwy, Suite #B
Miami, Florida 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Sergio R. Band
17690 S. Dixie Hwy, Suite #B
Miami, Florida 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. White

Date

Daytime Phone #

04-29-2002 305-971-4301

CR2E034B (12/01)