## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700005760

1. Entity Name

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

BG CAPITAL GROUP SOUTH FLORIDA, INC.



FILED

Feb 17, 2003 8:00 am

Secretary of State

02-17-2003 90171 033 \*\*\*150.00

Mailing Address Principal Place of Business % ROBERT GENOVESE % ROBERT GENOVESE 2424 N. FEDERAL HWY.. #101 2424 N. FEDERAL HWY.. #101 **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0776485 Not Applicable \$8,75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GENOVESE, ROBERT ... Street Address (P.O. Box Number is Not Acceptable) 2424 N. FEDERAL HIGHWAY SUITE 101 Zip Code **BOCA RATON FL 33431** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE **PSTD** ☐ Defete TITLE NAME GENOVESE, ROBERT NAME STREET ADDRESS 2424 N. FEDERAL HWY., #101 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIF ☐ 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: PROPERTY NAME OF SIGNING OFFICER OF DIRECT

Date

Daytime Phone #

☐ Change

Addition

CR2E034 (10/02)