2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000066281 Jan 19, 2000 8:00 am **Secretary of State** BAC GROUP, INC. 01-19-2000 90193 035 ***158.75 Principal Place of Business Mailing Address 4961 N. UNIVERSITY DR., STE, 18-A 4961 N. UNIVERSITY DR., STE. 18-A LAUDERHILL FL 33351-4505 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0772302 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Nama **BOUDREAUX, DEBBIE** Street Address (P.O. Box Number is Not Acceptable) 1400 NW 99 AVENUE PLANTATION FL 33322 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete BOUDREAUX, LARRY NAME STREET ADDRESS 1400 NW 99 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Addition ☐ Delete TITLE Change TITLE **BOUDREAUX, DEBBIE** NAME NAME 1400 NW 99 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malappo

954-742-7227

Daytime Phone #