

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90546 045 \*\*\*150.00

**DOCUMENT # P97000086728**

**1. Entity Name**  
**BANGOR CORPORATION**



**Principal Place of Business**  
**300 NW 26 STREET**  
**MIAMI FL 33127-4118**

**Mailing Address**  
**300 NW 26 STREET**  
**MIAMI FL 33127-4118**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0787020**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**BOGDANOFF, ALFRED**  
**800 NE 195 ST #109**  
**MIAMI FL 33179**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAIGLER, GEORGE E</b>		NAME		
STREET ADDRESS	<b>4804 SUNNYBROOK DR. #24</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>		CITY-ST-ZIP		
TITLE	<b>STD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOGDANOFF, ALFRED</b>		NAME		
STREET ADDRESS	<b>800 NE 195 ST #106</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33179</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FAVA ROBER</b>		NAME		
STREET ADDRESS	<b>1633 NW 6TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SEC/TREAS** **1/15/03** **(305) 576-0055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0213783 AV

CR2E034 (10/02)