2000	UNIFORM BUS	NESS REPO	RT (UBI	R)					
DOCUMENT # P98000011369  1. Entity Name BC GROUP, INC.					FILED Jul 13, 2000 8:00 am Secretary of State				
				'		07-13-2000 9			
Principal Place of Business 7211 NORTH DALE MABRY SUITE 215 TAMPA FL 33614		Mailing Address 7211 NORTH DALE MABRY SUITE 215 TAMPA FL 33614							116 <b>8 18</b> 11 1 <b>84</b> 6
2. Principal Place of Business		3. Mailing Address					<b>91</b> /(1 <b>.1</b> 1/1/11/11/11/11/11/11/11/11/11/11/11/1		
Suite, Apt. #, etc.  Suite # 211  City & State		Suite, Apt. #, etc.		4	FEI Number		IN THIS SPACE	JApp	olied For
Ony a orac						65-081780		Not	Applicable
Zip	Country	Zip	Country	5.	Certificate of S	Status Desired	□ \$8.75 Fee Re		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Ad	dress of New Re	gistered Agent		
FILINGS, INC.				· · · · · ·	<u></u>	<del></del>	<u></u>	÷	
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			Street A	ddress (P.O. I	Box Number is	Not Acceptable)			
			City					Code	
8. The above	named entity submits this statement for	the purpose of changing its r	registered office o	r registered a	gent, or both, ir	n the State of Flori	da.		
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signat	ure 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!!! FE After SEPTEMBER 13, 200 Make Check Payable to			3, 2000 Min. will	be \$750.00	1	n Campaign Fina und Contribution.	· · ·		May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		DDITIONS/CH	ANGES TO OFFIC	CERS AND DIREC	TORS	
NAME STREET ADDRESS CITY-ST-ZIP	D HIEMER, MICHAEL J 1191 E NEWPORT CENTRE DR DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 4211	n Ocier	23614 23614	_ # <i>9410</i>	•	noitibba
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NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip						
t	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	4	u ainantura ahail b	sava tha cama	- local affact co	if made index or	ithi that Lamaan c	thoar o	N MICAMIN I
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Davis D									

BC GROUP, INC. 7211 NORTH DALE MABRY-SUITE # 211 TAMPA, FL.33614 Httasharnism pools832

DIVISION OF CORPORATIONS 409 EAST GAINES STREET TALLAHASEE, FL 32399

RE: 2000 UNIFORM BUSINESS REPORT DOCUMENT # 98000011369

JULY 5<sup>TH</sup>, 2000

Dear Sir:

We respectfully request that the penalty for late filing being abated. We never received the original report. Our suite # is 211 and no # 215 as shown in the mailing address in the form.

Fortunately the people on suite 215 brought the form today when they received it. Please find enclosed our uniform business report for the year 2000 with the correction on our address. We would appreciate if you could accept the filing fee of \$150 since this is the first notice that we have received.

Yours truly

Juan Claros

President