

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016761

1. Entity Name

BCR MANAGEMENT, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90094 032 ***150.00

Principal Place of Business

50 NE 26TH AVE
310
POMPANO BEACH FL 33062

Mailing Address

50 NE 26TH AVE
310
POMPANO BEACH FL 33331-3181

2. Principal Place of Business

4005 TURQUOISE TRAIL

3. Mailing Address

4005 TURQUOISE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON

City & State

WESTON

4. FEI Number

65-0813628

Applied For

Not Applicable

Zip

33331-3181

Country

BROWARD

Zip

33331-3181

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACKER, PATRICE
4005 TURQUOISE TRAIL
WESTON FL 33331

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.

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BACKER, PATRICE
4005 TURQUOISE TRAIL
WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROUSSEAU, GERARD
4230 N.W. 107TH AVE.
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CALVIN, LYONEL
8315 SOUTH CORAL CIRCLE
NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Patrice Backer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICE BACKER

3/7/2000

Date

954-385-6141

Daytime Phone #

CR2E034 (9/99)