2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000020022 Mar 07, 2000 8:00 am ₹. Entity Name **Secretary of State** BFS GROUP, INC. 03-07-2000 90067 047 ***150.00 Principal Place of Business Mailing Address 3 PINES ISLAND RD. 3 PINES ISLAND RD. STE 263 PLANTATION FL 33324-2649 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0822204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINBERG, STEVE 7805 SW Sixth Court Street Address (P.O. Box Number is Not Acceptable) SCOOL PETERS ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) of applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT PD ☐ Change **Addition** TITLE TITLE X Delete STRUMWASSER BARRY 300 PINE ISLAND ROAD **GUGLIUZZA, NICHOLAS** NAME NAME 336 HARRIS HILL ROAD STREET ADDRESS STREET ADDRESS ANTATION, FLORIDA 33324 CITY-ST-ZIP **BUFFALO NY 14221** CITY-ST-ZIP ☐ Delete **VPTS** Calleryion TITLE TITLE RUM WASSER, FRANCES STRUMLUASSER, FRANCES NAME NAME 23 SW 151 AVENUE STREET ADDRESS STREET ADDRESS 1528 SW 151 AVE. ROKE PINES, FLORIDA 33027 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 TITLE Delete 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 TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2000 954-310-3311

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Daytime Phone #