2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000020022 BFS GROUP, INC.					Secretary of State 04-22-2002 90130 002 ***150.00			
300 PINE ISLA 254/255		Mailing Address 300 PINE ISLAND RD 254/255						
PLANTATION FL 33324 US PLANTATION FL 33324 US								
2. Principal Place of Business Court 3. Mailing Address // 022 NW872 Suite, Apt. #, etc. Suite, Apt. #, etc.				RT	DO NOT WRITE IN TH			
PCity & State PLANTATION, FLORIDA PLANTATION, F.				BA	FEI Number 65-0822204		plied For t Applicable	
^{zip} 333	324 BROWARD	33324	Country BROWAR	2D 5.	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent			Name and Address of New Registere	d Agent	·	
WEINBERG, STEVE 7805 SW SIXTH COURT PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recognition is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recognition for the printed plants of the plants of				10 50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be to Fees	
11.	OFFICERS AND DII	RECTORS	12.	AE	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUMWASSER, BARRY 300 PINE ISLAND ROAD PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1602.	MWASSER BARA 2 NW 84'COUR MATION, FLORIDA	Change - 3334	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS STRUMWASSER, FRANCES 1523 SW 151 AVENUE PEMBROKE PINES FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		MWASSEG FRANCE 2 NW 84 COURS PTATION,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7		☐ Change	Addition	
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachinent with an address, with	ie and accurate and that my	r signature shall ha	ve the same	legal effect as if made under oath: that	I am an officer of	or director 1	