

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027279

1. Entity Name

BPG - SUNSET, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90065 017 ***150.00

Principal Place of Business

C/O VALENTIN BEGAR
14230 SW 91 ST
MIAMI FL 33186

Mailing Address

C/O VALENTIN BEGAR
14230 SW 91 ST
MIAMI FL 33186-7802

2. Principal Place of Business

9753 SUNSET DRIVE

3. Mailing Address

P.O. Box 835116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0827322

Applied For

Not Applicable

Zip

Country

33173

Zip

Country

33283-5116

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY
SUITE 103
MIAMI FL 33145

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.

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.
(See criteria on back) ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEJAR, VALENTIN
CITY-ST-ZIP 14230 S.W. 91ST STREET
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS BEJAR, FRANK
CITY-ST-ZIP 14235 S.W. 91ST STREET
MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

VALENTIN BEJAR, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/00 (305) 381-1754

Overtime Phone #

CR2E034 (9/99)