

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90153 027 ***150.00

DOCUMENT # P98000063962

1. Entity Name
B.C.G. DESIGNS, INC.



Principal Place of Business
**3589 S. OCEAN BLVD., #109
PALM BEACH FL 33480**

Mailing Address
**3589 S. OCEAN BLVD., #109
PALM BEACH FL 33480**



2. Principal Place of Business

**3350 NW Boca Raton Blvd
Suite, Apt. #, etc.
B22**

City & State
Boca Raton

Zip
33431

Country
USA

3. Mailing Address

**3350 NW Boca Raton Blvd
Suite, Apt. #, etc.
B22**

City & State
Boca Raton

Zip
33431

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **45-0864959**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHWARTZ, HOWARD L
6501 CONGRESS AVE #120
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **Marney N. Emd, CPA**
Street Address (P.O. Box Number is Not Acceptable)
**Geller, Barbara C, Oppenheimer & Coel
111 N. Orange Ave Suite 1100
Orlando FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marney N. Emd**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GELLER, BARBARA C**
STREET ADDRESS **3589 S. OCEAN BLVD., #109**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2003 841308711

Date

Daytime Phone #

CR2E034 (10/02)