

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005112

i. Entity Name
B.G.T. INVESTMENTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90391 002 ***158.75

Principal Place of Business Mailing Address
~~BAYMEADOWS RD~~ ~~JACKSONVILLE FL 32256~~
~~9117 BAYMEADOWS RD~~ ~~JACKSONVILLE FL 32256-7705~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6511 RAMONA BLVD 6511 RAMONA BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE - FL JACKSONVILLE - FL
Zip Country Zip Country
32205 U.S.A 32205 U.S.A

4. FEI Number Applied For
59-3553809 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TSEHAY, GIRMA
9117 BAYMEADOWS RD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
Name TSEHAY GIRMA
Street Address (P.O. Box Number is Not Acceptable)
6511 RAMONA BLVD
City JACKSONVILLE FL Zip Code 32205

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] DATE 04/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>D</u>	<input type="checkbox"/> Delete	TITLE	<u>TSEHAY GIRMA</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>TSEHAY, GIRMA</u>		NAME	<u>6511 RAMONA BLVD.</u>	
STREET ADDRESS	<u>9117 BAYMEADOWS RD</u>		STREET ADDRESS	<u>JACKSONVILLE - FL 32205</u>	
CITY-ST-ZIP	<u>JACKSONVILLE FL 32256</u>		CITY-ST-ZIP		
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SHEWALEMA, BIRKAYEHU</u>		NAME		
STREET ADDRESS	<u>9117 BAYMEADOWS RD</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>JACKSONVILLE FL 32256</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] **SIGNATURE REQUIRED** DATE 04/22/00 DAYTIME PHONE # 904/781-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)