## May 21, 2002 8:00 am Secretary of State FILED **2002 UNIFORM BUSINESS REPORT (UBR)** P99000035017 DOCUMENT # 1. Entity Name 05-21-2002 91174 019 \*\*\*150 00 BF ACQUISITION GROUP V, INC. Principal Place of Business Mailing Address 319 CLEMATIS STREET, SUITE 812 319 CLEMATIS STREET. SUITE 812 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2501 Turk Blvd. 2501 Turk Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 06-4466582 Not Applicable San Francisco, Californi <u>San Francisco California</u> Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 98118 98118 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOVI. DAVID M Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET, SUITE 812 WEST PALM BEACH FL 33401 City Zip Code this statement for the aurpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNAZÍRE Signature, typed or printed name of registered agent and title if 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, 2002 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 11. 12. XX Delete CE<sub>0</sub> TITLE Change ☐ Addition TITLE BOVI, DAVID M NAME NAME 319 CLEMATIS STREET, SUITE 812 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP CEO / P/T TITLE ☐ Delete XX Change COLUCCI, WILLIAM R Colucci, William R. NAME NAME 120 SO, OLIVE AVE #705 STREET ADDRESS STREET ADDRESS 2501 Turk Blvd. WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP San Francisco, California 98118 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM R. COLUCCI

CITY-ST-7IP

4-23-02

(415)831-1974

Daytime Phone #