

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035240

1. Entity Name

BCOM, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90112 010 ***158.75

Principal Place of Business

1110 BRICKELL AVENUE
SUITE 303
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE
SUITE 303
MIAMI FL 33131-3106

2. Principal Place of Business

1201 BRICKELL AVE

Suite, Apt. #, etc.

S.650

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

S.650

City & State

MIAMI, FL

Zip

33131

Country

4. FEI Number

65-0936182

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name ASLAN PALACHI

Street Address (P.O. Box Number is Not Acceptable)

1201 BRICKELL AVE S.650

City MIAMI

FL

Zip Code

33131

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

A. Palachi

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

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	FRAZAN, TERRY J	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALACHI, ASLAN	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALACHI, JEFF	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMANN, MICHAEL	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMANN, STAN	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1201 BRICKELL AVE S.650	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1201 BRICKELL AVE S.650	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1201 BRICKELL AVE S.650	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

A. Palachi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 (305) 375-0090
Date Daytime Phone #

CR2E034 (9/99)