2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State P99000035240 DOCUMENT # 1. Entity Name 04-29-2002 90102 015 ***150.00 BCOM, INC. Mailing Address Principal Place of Business 1201 BRICKELL AVE 1201 BRICKELL AVE S 650 S 650 MIAMI FL 33131 **MIAMI FL 33131** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0936182 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALACHI, ASLAN Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVE S 650 **MIAMI FL 33131** Zip Code City 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 _ (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME PALACHI, ASLAN NAME STREET ADDRESS STREET ADDRESS 1201 BRICKELL AVE S 650 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PALACHI, JEFF NAME STREET ADDRESS 1201 BRICKELL AVE S 650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition - - - Delete - -TITLE ·TITLE - -- -NAME NAME BAUMANN, MICHAEL STREET ADDRESS 1201 BRICKELL AVE S 650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 in proposed 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 ac

FILED