

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065784

1. Entity Name
BCT, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90151 025 ***150.00

Principal Place of Business

PO BOX 840009
HOLLYWOOD FL 33084

Mailing Address

PO BOX 840009
HOLLYWOOD FL 33084

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

5255 COLLINS AVE - NC

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33140

8406

4. FEI Number 65-0936858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026

Name

ILENE MENDLOWITZ

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

5255 COLLINS AVE - NC

City

MIAMI BEACH

FL

Zip Code

33140

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

Ilene Mendlowitz

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/22/01
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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS MENDLOWITZ, ILENE
CITY-ST-ZIP 1000 N HIATUS ROAD, SUITE 110
PEMBROKE PINES FL 33026

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5255 COLLINS AVE - NC
CITY-ST-ZIP MIAMI BEACH, FL. 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ilene Mendlowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

Daytime Phone #

CR2E034 (10/00)