

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90017 020 ***150.00

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DOCUMENT # S15945

1. Entity Name
B.C.N.E.S., INC.

Principal Place of Business

**1010 NE S AVE
 DELRAY BEACH FL 33444
 US**

Mailing Address

**7701 ANDES LANE
 PARKLAND FL 33067
 US**

2. Principal Place of Business

1010 N.E. FIFTH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0249803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUNAYER, DENNIS
 7701 ANDES LANE
 PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name **JACK N. ROSENBERG**

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

4700 SHERIDAN ST. BLDG "N"

City **HOLLYWOOD**

FL

Zip Code **33021**

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

JACK N. ROSENBERG

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/2002

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, 2002 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 **P** ☐ Delete
 NAME **DUNAYER, DENNIS**
 STREET ADDRESS **7701 ANDES LANE**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **STD** ☐ Delete
 NAME **DUNAYER, BEATRICE**
 STREET ADDRESS **7701 ANDES LANE**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
 NAME **ANAND PATEL**
 STREET ADDRESS **1010 N.E. FIFTH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ANAND PATEL (STD)** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **1010 NE FIFTH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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

TITLE ☐ Change ☐ Addition
 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:

BEATRICE DUNAYER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/17/02

(954)

755-5412

Daytime Phone #

CR2E034 (9/01)