

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90221 001 ***150.00

DOCUMENT # S15945

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



Principal Place of Business
1010 NE 5TH AVE
DELRAY BEACH FL 33444
US

Mailing Address
~~7701 ANDES LANE~~
~~PARKLAND FL 33067~~
US



2. Principal Place of Business

3. Mailing Address
1010 NE 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Delray Beach FL 33483

4. FEI Number **65-0249803**

Applied For
Not Applicable

Zip **33483**

Country

Zip **33483**

Country

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

ROSENBERG, JACK N
4700 SHERIDAN ST BLDG N
HOLLYWOOD FL 33021

Name **ANAND PATEL**

Street Address (P.O. Box Number is Not Acceptable)
1503 Belvedere Rd

City **W. P. B.**

FL

Zip Code **33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anand Patel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete
NAME **DUNAYER, DENNIS**
STREET ADDRESS **7701 ANDES LANE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☒ Change ☐ Addition
NAME **612 Bulls Marina Court**
STREET ADDRESS **Bulls Bldg FL 33487**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **612 Bulls Marina Court**
STREET ADDRESS **Bulls Bldg FL 33487**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Delray Beach FL 33483**
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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anand Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03.

561-242-4907

Date

Daytime Phone #

CR2E034 (10/02)