

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14930

1. Entity Name
B.M.G. PROFESSIONAL SERVICES CORP.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90027 049 ***150.00

Principal Place of Business Mailing Address
1840 W 49 STREET 1840 W 49 STREET
STE. ~~605~~ 404 STE. ~~605~~ 404
HIALEAH FL 33012 HIALEAH FL 33012-2950
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 404 STE 404

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0330244 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

GERMOSEN, BERNARDO A.
1840 W 49 STREET
STE ~~605~~
HIALEAH FL 33012

Name
Street Address (P.O. Box Number is Not Acceptable)
STE 404
City FL Zip Code

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) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMOSEN, BERNARDO A. 4922 N W S STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMOSEN, MILAGROS J. 4922 NW S STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 authority empowered.

SIGNATURE: BERNARDO A. GERMOSSEN 1/18/00 (305) 362-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)