

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90069 026 ***150.00

DOCUMENT # V14930

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



Principal Place of Business

~~1040 W 49 STREET~~
~~STE 404~~
~~MIAMI FL 33012~~
US

Mailing Address

~~1040 W 49 STREET~~
~~STE 404~~
~~MIAMI FL 33012~~
US

2. Principal Place of Business

1200 NW 78 AVENUE
Suite, Apt. #, etc.
STE 216

3. Mailing Address

1200 NW 78 AVENUE
Suite, Apt. #, etc.
STE 216

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33126

Country

☐ CHECK HERE IF MAKING CHANGES

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

GERMOSEN, BERNARDO A.

~~1040 W 49 STREET~~
~~STE 404~~
~~MIAMI FL 33012~~

7. Name and Address of New Registered Agent

Name

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

4922 NW 5 STREET

City

MIAMI

FL

Zip Code

33134

8. The above named entity certifies 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GERMOSEN, BERNARDO A.**
CITY-ST-ZIP **4922 NW 5 STREET**
MIAMI FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GERMOSEN, MILAGROS J.**
CITY-ST-ZIP **4922 NW 5 STREET**
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4922 NW 5 STREET**
CITY-ST-ZIP **MIAMI, FL. 33134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4922 NW 5 STREET**
CITY-ST-ZIP **MIAMI, FL. 33134**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

BERNARDO A. GERMOSEN
PRESIDENT

1/14/03 (305) 7990 702

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)