

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **V17760**

Entity Name

BCI HOLDING CORPORATION**FILED**
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 006 ***550.00

Principal Place of Business	Mailing Address
NW 110 ST 300 FL 33167	100 SE 2ND STREET 28TH FLOOR MIAMI FL 33131-2158 US

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0317683	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**KTG&S REGISTERED AGENT CORPORATION**
100 SE 2ND STREET
28 FLOOR
MIAMI FL 33131**7. Name and Address of New Registered Agent**

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

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DP BIGIO, GILBERT	<input type="checkbox"/> Delete		
3595 NW 110 ST SUITE 300			
MIAMI FL			
DVS BEYDA, CLEMENT	<input type="checkbox"/> Delete		
3595 NW 110 ST SUITE 300			
MIAMI FL			
DVTA VAUPEN, HY	<input type="checkbox"/> Delete		
3595 NW 110 ST SUITE 300			
MIAMI FL			
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/23/00