

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 017760 ✓**1. Entity Name
BCI HOLDING CORPORATIONPrincipal Place of Business Mailing Address SAME
2875 N. E. 191 STREET, SUITE 903
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0317683Applied For
Not Applicable

Zip

Country

Zip

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

KTG & S REGISTERED AGENT CORP.
1 INTERNATIONAL PLACE
100 S.E. 2ND, 28TH FLOOR
MIAMI, FL 33131

Name

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

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

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PRESIDENT	GILBERT BIGIO	2875 N.E. 191 ST., SUITE 903	AVENTURA, FL 33180	<input type="checkbox"/>
VICE PRESIDENT	CLEMENT BEYDA	2875 N.E. 191 ST., SUITE 903	AVENTURA, FL 33180	<input type="checkbox"/>
SECRETARY/TREASURER	HY VAUPEN	2875 N. E. 191 ST., SUITE 903	AVENTURA, FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 address, with all other like empowered.

SIGNATURE:

CLEMENT BEYDA

4/3/01 (305) 792-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90091 049 ***158.75

A0046202

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)