FILED Aug 07, 2001 8:00 am Secretary of State 08-07-2001 90011 030 ***550.00

Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country S. Certificate of Shalus Deprind S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent RADRINGTON Street Address of Name Registered Agent 7. Name and Address of Name Registered Agent Name CLUCK, ROBERT 11900 BISCAYNE BLVD. Street Address (P.O. Box Number a Not Acceptable) City FL. Zap Code City FL. Zap Code City FL. Zap Code City FL. Zap Code The Status of Florida. City FL. Zap Code After September 12, 2001 Fee will be \$75.0.00 Make Check Payable to Department of State PYTS GLUCK, BARRY S GLUCK, BARRY S GLUCK, BARRY S GLUCK, BARRY S GLUCK, NATALIE The State of Process And Directors Inc. Size Address S City S-2a The State S Address S Size Address S City S-2a The State S Address S Size Addr								
N. MAMI BEACH FL. 33162 2. Principal Place of Business Suita, Apt. #, etc. Suita, Apt. #,	Principal Pla	ce of Business	Mailing Address					
Suite. Act. 4. etc. DO NOT WRITE IN THIS SPACE A. FEI Number 65-0346848 Activities of Status Departed Sea. 58. Activities Fee Required Sea	1374 NE 163RD ST.		-					
2. Principal Pace of Bus ress	N. MIAMI BEACH FL 33162		N. MIAMI BEACH FL 33162			£0075091		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE		•	US		1		<u>-</u>	RICH BIEN ICO
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE								
City & State City & FL City & FL City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City	2. Principal Place of Business		3. Mailing Address			1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981/ 1981	an dien dian arer	01015 85851 1005
City & State City & FL City & FL City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City City								
Zep Country Zip Country 5. Certificate of Salaus Depend	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN TH	HIS SPACE	
Zep Country Zip Country 5. Certificate of Salaus Depend	City & State		City & State		-	4 FELNumber		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FLL Not Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLL Not Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLL Not Number is Not Acceptable (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE ADDITIONS/CHANGES TO OFFICIENS AND DIRECTORS IN 11 Street Address (P.O. Box Number is Not Acceptable)	,		Only a state		* .	65-0346848		
6. Name and Address of Current Registered Agent GLUCK, ROBERT 11900 BISCAYNE BLVD. SURIE 700 NORTH MAMI FL 33181 6. 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 9. This corporation is eligible to satisfy its Intangable Tax fling requirement and blocks to do so. After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee will be \$750.0	Zip	Country	Zip	Country				
Agrice Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiGNATURE Signature hondor sometrian of registered agent and the fragratization 9. This occipionation is eligible to satisfy its intangible Tax killing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE STREET ADDRESS TILE UV NUMBE STREET ADDRESS TILE ULICK, BARRY S TILE ULICK, BARRY S TILE ULICK, BARRY S TILE ULICK, BARRY S TILE UNAME ULICK, BARRY S TILE ULICK, BA				مريي سمعوسيدون	~ 5.	Certificate of Status Desired	Fee Require	ed ·
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Number is Not Acceptable) Street Address (P.O. Box Number is Not Numbe		6. Name and Address of Current R	tegistered Agent		7. 1	Name and Address of New Register	ed Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	OLLION 6	NORTH-		Name				
SUITE 780 NORTH MIAMI FL 33181 City FL Zip Code	· ·		Street Address		ss (P.O. E	(P.O. Box Number is Not Acceptable)		
B. 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 primed name of registered agent and the 7 applicable.								
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, topical or printed name of registered agent and stee 7 applicative. (AVET Inspirement Agent signature) (AVET Inspirement Age		•						
SIGNATURE Signature, typed or prime of registered agent, and title if applicable. (NOTE Registered affice or registered agent, or both, in the State of Florida.	NORTH M	IIAMI FL 33181		City			Zip Cod	de
SIGNATURE Signature, typed or printed name of registered agent and tille Pepticable. (NOTE Registered Agent signature required when remissions) DATE	The above	named ontitu submits this statement for	Mar					
9. This corporation is eligible to salisty its Intanglible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18	o. The above	married entity submits this statement for	the purpose of changing its	registered office or regis	stered ag	gent, or both, in the State of Florida.		
9. This corporation is eligible to salisty its Intanglible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIII. 18. MAKE 18. SIREET ADDRESS 18	CICNATURE							
Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Flund Contribution. \$5.00 May Be Added to Fees (See criteria on back) Trust Flund Contribution. \$5.00 May Be Added to Fees Added to Fee	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature requ	uired when re	einstating) DA	TE .	
Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Flund Contribution. \$5.00 May Be Added to Fees (See criteria on back) Trust Flund Contribution. \$5.00 May Be Added to Fees Added to Fee	9 This corp	oration is eligible to esticity its Intensible	EU E NOW!	II EEE IC \$550.00		1		
Make Check Payable to Department of State Trust Fund Contribution. Added to Fees					50.00		\$5.0	0 May Be
TITLE MANE STREET ADDRESS STREET ADR			Make Check Payab	le to Department of S	State	Trust Fund Contribution.	☐ Adde	d to Fees
Delete ITILE PVTS GLUCK, BARRY S	11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
NAME STREET ADDRESS TOTY-ST-ZIP GLUCK, BARRY S 7921 NW 29TH ST MARGATE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	PVTS	□ Delete			2110110701774102010 0111021107		
MARGATE FL CITY-ST-ZIP MARGATE FL CITY-ST-ZIP GLUCK, NATALIE TREET ADDRESS CITY-ST-ZIP MARGATE FL TITLE NAME 7921 NW 29TH ST MARGATE FL CITY-ST-ZIP MARGATE FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME				
GLUCK, NATALIE TREET ADDRESS CITY-ST-ZIP TITLE MARGATE FL TITLE M	STREET ADDRESS			STREET ADDRESS				}
GLUCK, NATALIE 7921 NW 29TH ST MARGATE FL Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MA	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS DITY-ST-ZIP MARGATE FL Delete	TITLE	7	☐ Delete	TITLE			☐ Change	☐ Addition
CITY-ST-ZIP MARGATE FL CITY-ST-ZIP ITTLE NAME STREET ADDRESS								}
ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME VAME VAME VAME VAME VAME VAME VAM		=						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	~_~	MANGATE FL						
STREET ADDRESS CITY-ST-ZIP TITLE IAME IAME IAME IAME IAME IAME IAME IAM	NAME		∟ Delete				☐ Change	☐ Addition
CITY-ST-ZIP CITYLE LIAME LIAME LIAME LIAME LITTLE LIAME LIAME LITTLE LIAME LITTLE L	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition AME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS	CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		□ Delete	TITI F			Channa	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME							Addition
TITLE IAME IAME IAME ITREET ADDRESS ITTY-ST-ZIP ITTLE	STREET ADDRESS			STREET ADDRESS				
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITILE IAME IAME IAME ITILE IAME IAME ITILE IAME IAME IAME IAME IAME IAME ITREET ADDRESS ITILE IAME IAME IAME IAME ITREET ADDRESS ITREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP ITLE IAME IAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		Delete	TITLE			☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP ITLE IAME IAME TREET ADDRESS TREET ADDRESS TREET ADDRESS	NAME			NAME				
TILE								
NAME TREET ADDRESS STREET ADDRESS TREET ADDRESS				CITY-ST-ZIP				
TREET ADDRESS STREET ADDRESS	TITLE		☐ Delete				Change	☐ Addition
THE PARTY OF THE P								ľ
□ LITEST-7P 1	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
3. 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 in the section 119.07(3)(ii), Florida Statutes.	13. Thereby c	ertify that the information supplied with the	is filing does not qualify for		Section 1	19.07/3Vi) Florida Statutas I further	nortify that the 1-	formation

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12. of the corporation or the received that corporation or the received changed, or on an attachment

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

V51471

DOCUMENT #

BSG OF MIAMI, INC.

1. Entity Name