

2001 UNIFORM BUSINESS REPORT (UBR)

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

0046120

DOCUMENT # N96000002292

1. Entity Name

B.T.C. PARENTS, INCORPORATED

04-11-2001 90017 031 ****70.00

Principal Place of Business

Mailing Address

3756 N.W. 37TH STREET
 LAUDERDALE LAKES FL 33309

P.O. BOX #8894
 FT. LAUD. FL 33310-8894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666507

Applied 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

BLACK-BARRON, KAREN E
3756 N.W. 37TH STREET
LAUDERDALE LAKES FL 33309

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
 STREET ADDRESS **BLACK-BARRON, KAREN E**
3756 NW 37TH STREET
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVT**
 STREET ADDRESS **GIBBS, VONICE**
7497 NW 49TH PLACE
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **LOCKHART, KAYSANDRA**
5820 N.W. 17TH PLACE, UNIT 206
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MARTIN, THELMA D**
620 N.W 33RD AVE.
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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 617, 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.

SIGNATURE:

Karen E. Black-Barron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (954) 792-2010
 Date Daytime Phone #

CR2E037 (10/00)