

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91459 002 ****61.25

DOCUMENT # N96000002292

1. Entity Name

B.T.C. PARENTS, INCORPORATED

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666507

Applied For

Not Applicable

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	DP	<input type="checkbox"/> Delete
NAME	BLACK-BARRON, KAREN E	
STREET ADDRESS	3756 NW 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	GIBBS, VONICE	
STREET ADDRESS	7497 NW 49TH PLACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOCKHART, KAYSANDRA	
STREET ADDRESS	5820 N.W. 17TH PLACE, UNIT 206	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, THELMA D	
STREET ADDRESS	620 N.W 33RD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Black Barron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

954-292-2610

Daytime Phone #

CR2E037 (9/01)