

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90119 021 \*\*\*\*50.00

**DOCUMENT # L00000014842**

1. Entity Name

**BMS HIALEAH, L.L.C.**

Principal Place of Business

5901 SW 74TH ST  
 SUITE 205  
 S MIAMI FL 33143

Mailing Address

5901 SW 74TH ST  
 SUITE 205  
 S MIAMI FL 33143

918315



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

65-1068082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES INC  
 100 NE 3RD AVE  
 SUITE 1100  
 FT LAUDERDALE FL 33301

Name

VICTOR BROWN

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

5901 SW 74 STREET

Suite 205

City

South Miami

FL

33143

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

VICTOR BROWN 1/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROWN, VICTOR	
STREET ADDRESS	5901 SW 74TH ST SUITE 205	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	5901 SW 74TH ST SUITE 205	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROWN, STEVEN	
STREET ADDRESS	5901 SW 74TH ST SUITE 205	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

~~SIGNATURE REQUIRED~~

VICTOR BROWN 1/28/02 665 8885 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)