


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018074

DOCUMENT # L00000014842


1. Entity Name
BMS HIALEAH, L.L.C.



FILED

03 APR 30 PH 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**5901 SW 74TH ST
SUITE 205
S MIAMI FL 33143** **5901 SW 74TH ST
SUITE 205
S MIAMI FL 33143**

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 **65-1068082** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, VICTOR
5901 SW 74 STREET
SUITE 205
SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p style="font-size: 1.2em; font-weight: bold;">500017580565</p> <p style="font-size: 0.8em;">04/30/03--01068--007 **50.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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** **4/28/03** **(305) 665-8885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)