

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

0331119

**DOCUMENT # L01000011930**

1. Entity Name  
**BF HOLDINGS, LLC**

05-12-2002 90594 023 \*\*\*\*50.00

Principal Place of Business      Mailing Address  
**2901 SW 8 STREET**      **2901 SW 8 STREET**  
**SUITE 204**      **SUITE 204**  
**MIAMI FL 33135**      **MIAMI FL 33135**



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      Applied For  
**65-1126782**      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

**MARTIN, PEDRO A ESQ.**  
**1221 BRICKELL AVE. SUITE 2100**  
**MIAMI FL 33131**

Name      **Jose R. Boschetti**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2901 SW 8th Street, #204**  
 City      **miami**      State      **FL**      Zip Code      **33135**

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MGR</b> <b>BOSCHETTI, JOSE R</b>		NAME	
STREET ADDRESS <b>2901 SW 8 STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33135</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 of the owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      **SIGNATURE REQUIRED**      Date: **4/22/02**      Daytime Phone #: **(305) 541-7150**

CR2E083 (9/01)