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 01 MAY -1 PM 5:16
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FL

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000764

1. Entry Name

B.M. I. Enterprises L.C.

Principal Place of Business Mailing Address
 501 Brickell Key Dr., Suite 400
 Miami, FL 33131

2. Principal Place of Business 3. Mailing Address
 Suite, Apt., #, etc. Suite, Apt., #, etc.
 City & State City & State
 Zip Country Zip Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0680979** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
NS CORPORATE SERVICE, INC.
 501 Brickell Key Drive, Suite 400
 Miami, FL 33131

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.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$50.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		
TITLE	MEM	<input checked="" type="checkbox"/> DELETE
NAME	Rivkind, Judel	
STREET ADDRESS	5611 Dewey Street	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	MEM	<input checked="" type="checkbox"/> DELETE
NAME	Rivkind, Marcel	
STREET ADDRESS	5611 Dewey Street	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	MEM	<input checked="" type="checkbox"/> DELETE
NAME	Rivkind, Breno	
STREET ADDRESS	5611 Dewey Street	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	MGR	<input checked="" type="checkbox"/> DELETE
NAME	Goldzer, Jack	
STREET ADDRESS	5611 Dewey Street	
CITY-ST-ZIP	Hollywood FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1		
1.1 TITLE	MEM-MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FURLONGS SERVICES LIMITED	
1.3 STREET ADDRESS	Sea Meadow House, Blackburne Highway,	
1.4 CITY-ST-ZIP	P.O. Box 116	
2.1 TITLE	Road Town, Tortola, BVI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *****58.00 *****58.00

13. 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 annual report or supplemental annual 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 637.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #