

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90281 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000029767**

1. Entity Name  
**BAP DEVELOPMENT, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>% BERMELO AJAMIL &amp; PARTNERS, INC.<br/>       10TH FLOOR, 2601 S. BAYSHORE DR.<br/>       MIAMI, FL 33133</b> | Mailing Address<br><b>% BERMELO AJAMIL &amp; PARTNERS, INC.<br/>       10TH FLOOR, 2601 S. BAYSHORE DR.<br/>       MIAMI, FL 33133</b> |
|--|--|

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0916495**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, BRENT D  
 801 BRICKELL AVE., STE. 1901  
 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>D</b>                                | <input type="checkbox"/> Delete |
| NAME           | <b>BERMELO, WILLY A</b>                 |                                 |
| STREET ADDRESS | <b>2601 S. BAYSHORE DR., 10TH FLOOR</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL 33131</b>                  |                                 |
| TITLE          | <b>D</b>                                | <input type="checkbox"/> Delete |
| NAME           | <b>AJAMIL, LUIS</b>                     |                                 |
| STREET ADDRESS | <b>2601 S. BAYSHORE DR., 10TH FLOOR</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL 33133</b>                  |                                 |
| TITLE          | <b>D</b>                                | <input type="checkbox"/> Delete |
| NAME           | <b>PINO, HENRY</b>                      |                                 |
| STREET ADDRESS | <b>2601 S. BAYSHORE DR., 10TH FLOOR</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL 33133</b>                  |                                 |
| 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"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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 607, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23**

Date

Daytime Phone #

CFR2034 (10/02)