

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003574

1. Entity Name

BDPB DADELAND, LLC

Principal Place of Business

C/O BERKOWITZ, DICK, POLLACK & BRANT
ONE S.E. THIRD AVENUE, 15TH FLOOR
MIAMI FL 33131

200 S. BISCAYNE BLVD.
SIXTH FLOOR, MIAMI, FL 33131

Mailing Address

C/O BERKOWITZ, DICK, POLLACK & BRANT
ONE S.E. THIRD AVENUE, 15TH FLOOR
MIAMI FL 33131

200 S. BISCAYNE BLVD.
SIXTH FLOOR, MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

65-1004304

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

ALHAMBRA REGISTERED AGENTS, INC.
C/O KARP & GENAUER, P.A.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANT, BARRY
ONE S.E. THIRD AVE., 15TH FLOOR
MIAMI FL 33131
200 S. BISCAYNE BLVD. SIXTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90903 016 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)