

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A93000000286**

1. Entity Name

BLOOD BROTHERS LIMITED

02 JUL 11 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1500 SAN REMO AVENUE SUITE 125
CORAL GABLES FL 33146**

Mailing Address

**1500 SAN REMO AVENUE SUITE 125
CORAL GABLES FL 33146**



2. Principal Place of Business

BILL KEENWRIGHT LTD

3. Mailing Address

BKL HOUSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

106 HARRON ROAD

LONDON W2 1RR

Zip

Country

Zip

Country

E UNITED KINGDOM

DUE BY MAY 1, 2002

4. FEI Number

65-0394617

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES

1201 HAYS STREET

TALLAHASSEE FL 32301

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P93000019323**
NAME **B.B. MANAGEMENT CORP.**
STREET ADDRESS **1500 SAN REMO AVE., #125**
CITY-ST-ZIP **CORAL GABLES FL 33146**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

9000006357729-1
-07/12/02--01052--009
*****526.25 ***526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0044-207-446-6200

19-2-02

Date

Daytime Phone #

CR25003 (9/01)