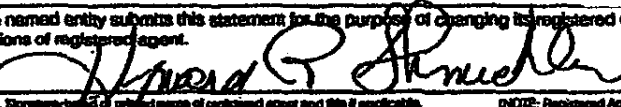


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90121 027 ***150.00

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

DOCUMENT # P02000104930		
1. Entity Name BMW, INC.		
Principal Place of Business 8027 IBIS RESERVE CIRCLE WEST PALM BEACH FL 33412		Mailing Address 8027 IBIS RESERVE CIRCLE WEST PALM BEACH FL 33412
2. Principal Place of Business 800 Village Square Crossing Suite, Apt. #, etc. 227 City & State Palm Bch Gardens, FL Zip 33410 Country USA		3. Mailing Address 800 Village Square Crossing Suite, Apt. #, etc. 227 City & State Palm Beach Gardens, FL Zip 33410 Country USA
4. EE Number 16-1630094		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPEIGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent LAW OFFICES LINEBAUGH & SHMUCKLER 8027 IBIS RESERVE CIRCLE WEST PALM BEACH, FL 33412
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:  DATE: 5/10/03 (NOTE: Registered Agent signature required when relocating)		
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD SHMUCKLER, HOWARD R 8027 IBIS RESERVE CIRCLE WEST PALM BEACH FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHMUCKLER, ELAYNE S 8027 IBIS RESERVE CIRCLE WEST PALM BEACH FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON SUMMERELL, VERNON 8027 IBIS RESERVE CIRCLE WEST PALM BEACH FL 33412 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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)(d), 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 information. SIGNATURE:  DATE: 5/10/03 321-616-2050 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		

CR2E034 (10/02)