

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 309322

1. Entity Name

B & M MANAGEMENT COMPANY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90069 009 ***150.00

80008992



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MARVIN COOPER 5000 N BAY ROAD MIAMI BEACH FL 33140	C/O MARVIN COOPER 5000 N BAY ROAD MIAMI BEACH FLA 33140-2007

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

4. FEI Number	59-1149824	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOPER, MARVIN 5000 N. BAY ROAD MIAMI BEACH FL 33140

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	COOPER, MARVIN	NAME	
STREET ADDRESS	5000 N BAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	COOPER, BETTY	NAME	
STREET ADDRESS	5000 N BAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN COOPER MARVIN COOPER FLA-00 305 866 3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #