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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 309322** 1. Entity Name **B & M MANAGEMENT COMPANY, INC.** 01-30-2001 90217 033 ***150.00 Principal Place of Business Mailing Address C/O MARVIN COOPER C/O MARVIN COOPER 5000 N BAY ROAD 5000 N BAY ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1149824 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, MARVIN Street Address (P.O. Box Number is Not Acceptable) 5000 N. BAY ROAD MIAMI BEACH FL 33140 Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition COOPER, MARVIN NAME NAME 5000 N BAY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition COOPER, BETTY NAME NAME 5000 N BAY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.