

2002 UNIFORM BUSINESS REPORT (UBR)

0010604 AT

DOCUMENT # **A03308**

1. Entity Name

THE BAKERMAN GROUP, LTD.

FILED
02 APR 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**170 NORTHWEST 204TH STREET
MIAMI FL 33169**

Mailing Address

**170 NORTHWEST 204TH STREET
MIAMI FL 33169**

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

59-1473003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKERMAN, ROBERT
170 NW 204 ST.
MIAMI FL 33169**

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

\$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BAKERMAN, ROBERT
170 NW 204TH STREET
MIAMI FL 33169**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800005348258--6
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****150.00 ****150.00**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ROBERT BAKERMAN
G.P.**

4/18/2002

Date

Daytime Phone #

305-655-0911

CR2E003 (9/01)