

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000789**

1. Entity Name

BFP INVESTMENTS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business

2700 WEST CYPRESS CREEK ROAD, SUITE C-103
FT. LAUDERDALE FL 33309

Mailing Address

2700 WEST CYPRESS CREEK ROAD, SUITE C-103
FT. LAUDERDALE FL 33309-1719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0822425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIETROKOWSKI, JOEL S
317 - 71ST STREET
MIAMI BEACH FL 33141

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,835,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000028321**
NAME **BFP INVESTMENTS, INC.**
STREET ADDRESS **2700 WEST CYPRESS CREEK ROAD, SUITE C-103**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**

STREET ADDRESS

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******526.25--****526.25**

14. I hereby certify that the information supplied on this form is true and accurate for the information stated in Section 8. 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 as required to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/3/00

Date

954-973-7779

Daytime Phone #

CR21101 (05/01)