

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000 000955

FILED

01 MAY 23 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

BMS Pompano, LTD

Principal Place of Business

Mailing Address

5901 SW 74 ST.  
#205  
Miami, Fl. 33143

5901 SW 74 ST.  
#205  
Miami, Fl. 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829252

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

EMO Corporate Services  
100 NE 3 AVE. #1100  
Ft. Lauderdale, Fl. 33301

Name VICTOR BROWN

Street Address (P.O. Box Number is Not Acceptable)

5901 SW 74 ST. #205

City MIAMI

FL

Zip Code 33143

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

VICTOR BROWN

5/21/01

9. Capital Contributions  
as Shown on record.

990

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 #	95000003852
NAME	BMS Law Company Inc.
STREET ADDRESS	5901 S.W. 74 ST. #205
CITY-ST-ZIP	MIAMI, FL 33143
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	800004418798--8
CITY-ST-ZIP	-05/13/01--01107--005
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

VICTOR BROWN

Date

5/21/01

Daytime Phone #

305-665-8885

BJH

DO NOT WRITE IN THIS SPACE

CR2E003 (1/1/00)