

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 23 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98 000 000 964

1. Entity Name

Bms Davie, LTD.

Principal Place of Business

Mailing Address

5901 SW 74 ST.
#205

5901 S.W. 74 ST.
#205

Miami, FL 33143

Miami, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829254

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 N.E. 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

5/20/01

9. Capital Contributions
as Shown on record.

\$1000

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
97000103023	Bms Davie, Inc.	5901 SW 74 ST. #205	Miami, FL 33143

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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Victor Brown

5/20/01

305-665-8885

Date

Daytime Phone #

BJH

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)