

2002 UNIFORM BUSINESS REPORT (UBR)

0009635 AT

DOCUMENT # A98000000964

1. Entity Name
BMS DAVIE, LTD.

FILED

02 JAN 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143	Mailing Address 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0829254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, VICTOR
5901 S.W. 74TH STREET, SUITE 205
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P97000103023 BMS OF DAVIE, INC. 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143	STREET ADDRESS CITY-ST-ZIP	500004778525--3 -01/16/02--01069--003 ****141.25 ****141.25
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CR2E003 (9/01)

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: **VICTOR BROWN** **1-9-02** **305-665-8885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #