

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90013 024 ***150.00

DOCUMENT # K33236

1. Entity Name

BMI PARTNERS, INC.

Principal Place of Business

Mailing Address

5701 OLD MYSTIC COURT
 JUPITER FL 33458
 US

5701 OLD MYSTIC COURT
 JUPITER FL 33458
 US

2. Principal Place of Business

8395 SE GOV. WAY

3. Mailing Address

8395 SE GOV. WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOBE SOUND FL

4. FEI Number

65-0094939

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

BRAZ, MARY J.
 5701 OLD MYSTIC COURT
 JUPITER FL 33458

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

M J Braz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME BRAZ, MARY J.
 STREET ADDRESS 5701 OLD MYSTIC COURT
 CITY-ST-ZIP JUPITER FL

TITLE ☒ Change ☐ Addition
 NAME 8395 SE GOVERNORS WAY
 STREET ADDRESS HOBE SOUND, FL 33455
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME BRAZ, MARY JEAN
 STREET ADDRESS 5701 OLD MYSTIC CT.
 CITY-ST-ZIP JUPITER FL

TITLE ☒ Change ☐ Addition
 NAME 8395 SE GOV. WAY
 STREET ADDRESS HOBE SOUND FL 33455
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME FRAZIER, ILA J.
 STREET ADDRESS 3204 PERIMETER DRIVE
 CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M J Braz M.J. BRAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

561,545,9804

Daytime Phone #

CR2E034 (10/00)