

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90150 023 \*\*\*150.00

**DOCUMENT #** K33236

**1. Entity Name**  
BMI PARTNERS, INC.



**Principal Place of Business**  
8395 SE GOV WAY  
HOBE SOUND FL 33455  
US

**Mailing Address**  
8395 SE GOV WAY  
HOBE SOUND FL 33455  
US

**2. Principal Place of Business**  
1045 ADMIRALS WALK  
Suite, Apt. #, etc.

**3. Mailing Address**  
1045 ADMIRALS WALK  
Suite, Apt. #, etc.

**City & State**  
VERO BEACH FL

**Zip**  
32963

**Country**  
IND. RIV

**City & State**  
VERO BEACH FL

**Zip**  
32963

**Country**  
IND. RIV

**6. Name and Address of Current Registered Agent**

**BRAZ, MARY J.**  
8395 SE GOV WAY  
HOBE SOUND FL 33455

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0094939

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
1045 ADMIRALS WALK

**City & State**  
VERO BEACH FL

**Zip**  
32963

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Mary J. Braz* **DATE** 2/18/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| <b>TITLE</b><br>PD                             | <b>NAME</b><br>BRAZ, MARY J.   | <input type="checkbox"/> Delete |
| <b>STREET ADDRESS</b><br>8395 SE GOVERNORS WAY |                                |                                 |
| <b>CITY-ST-ZIP</b><br>HOBE SOUND FL 33455      |                                |                                 |
| <b>TITLE</b><br>D                              | <b>NAME</b><br>BRAZ, MARY JEAN | <input type="checkbox"/> Delete |
| <b>STREET ADDRESS</b><br>8395 SE GOV WAY       |                                |                                 |
| <b>CITY-ST-ZIP</b><br>HOBE SOUND FL 33455      |                                |                                 |
| <b>TITLE</b><br>S                              | <b>NAME</b><br>FRAZIER, ILA J. | <input type="checkbox"/> Delete |
| <b>STREET ADDRESS</b><br>3204 PERIMETER DRIVE  |                                |                                 |
| <b>CITY-ST-ZIP</b><br>LAKE WORTH FL            |                                |                                 |
| <b>TITLE</b>                                   | <b>NAME</b>                    | <input type="checkbox"/> Delete |
| <b>STREET ADDRESS</b>                          |                                |                                 |
| <b>CITY-ST-ZIP</b>                             |                                |                                 |
| <b>TITLE</b>                                   | <b>NAME</b>                    | <input type="checkbox"/> Delete |
| <b>STREET ADDRESS</b>                          |                                |                                 |
| <b>CITY-ST-ZIP</b>                             |                                |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |             |  |
|---|-------------|--|
| <b>TITLE</b>                                | <b>NAME</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>1045 ADMIRALS WALK |             |  |
| <b>CITY-ST-ZIP</b><br>VERO BCH, FL 32963    |             |  |
| <b>TITLE</b>                                | <b>NAME</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>1045 ADMIRALS WALK |             |  |
| <b>CITY-ST-ZIP</b><br>VERO BCH, FL 32963    |             |  |
| <b>TITLE</b>                                | <b>NAME</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                       |             |  |
| <b>CITY-ST-ZIP</b><br>33467                 |             |  |
| <b>TITLE</b>                                | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                       |             |  |
| <b>CITY-ST-ZIP</b>                          |             |  |
| <b>TITLE</b>                                | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b>                       |             |  |
| <b>CITY-ST-ZIP</b>                          |             |  |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *MARY J. BRAZ* **DATE** 2/18/03 **DAYTIME PHONE #** 772 492 0623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)