

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90246 001 ***900.00

DOCUMENT # K60449

1. Entity Name
BMI SERVICES, INC.

Principal Place of Business

1320 S. DIXIE HWY
 SIXTH FLOOR
 CORAL GABLES FL 33146
 US

Mailing Address

1320 S. DIXIE HWY
 SIXTH FLOOR
 CORAL GABLES FL 33146
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0155997

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
 1320 S. DIXIE HWY
 SIXTH FLOOR
 CORAL GABLES FL 33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SIERRA, ANTONIO M 1320 S DIXIE HWY, 6TH FLOOR CORAL GABLES FL 33146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, ANTHONY E 1320 S DIXIE HWY, 6TH FLOOR CORAL GABLES FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DE ARMAS, ELOY 1320 S DIXIE HWY, SIXTH FLOOR MIAMI FL 33146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCAN, ROSARIO P 1320 S DIXIE HWY, SIXTH FLOOR CORAL GABLES FL 33146 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Rosario P. Duncan, Secretary

1/21/02
 Date

305 668-5100
 Daytime Phone #

CR2E034 (9/01)