## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT #: 'K63494 1. Entity Name BMI DEVELOPMENT, INC. 04-20-2000 90018 031 \*\*\*150.00 Principal Place of Business Mailing Address c/o William Scheu しいけいいりょねり 1011 C 6825 Trade Wind Way Lantana, FL 33462 2. Principal Place of Business 3. Mailing Address c/o Stephen R. McInerny, Il c/o William Scheu Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6637 N.W. 112th Avenue 6825 Trade Wind Way City & State City & State 4. FEI Number, Applied For Parkland, FL 65-0098835 Lantana, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - - -33076 USA 33462 . USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKES, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 150 North Federal Highway, Suite 200 Fort Lauderdale, FL 33301 Zio 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SCHEU, William NAME STREET ADDRESS 6825 Trade Wind Way Lantana, FL 33462 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition McINERNY, Stephen R., II 6637 N.W. 112th Avenue Parkland, FL 33076 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change Addition MAGER, Josef 981 N.E. 27th Avenue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Pompano Beach, FL 33062 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daylime Phone #