

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90020 002 \*\*\*\*\*50.00

**DOCUMENT # L00000001083**

1. Entity Name

**BMS DOWNTOWN MIAMI, L.L.C.**

Principal Place of Business

**5901 SW 74TH STREET, SUITE 205  
 SOUTH MIAMI FL 33143**

Mailing Address

**5901 SW 74TH STREET, SUITE 205  
 SOUTH MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0987679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.  
 100 N.E. 3RD AVE., SUITE 1100  
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **VICTOR BROWN**

Street Address (P.O. Box Number is Not Acceptable)

**5901 SW 74 ST. # 205**

City

**Miami**

**FL**

Zip Code

**33143**

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **BROWN, VICTOR**  
 STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**  
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **MGR** ☐ Delete  
 NAME **BROWN, DAVID**  
 STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**  
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **MGR** ☐ Delete  
 NAME **BROWN, STEVEN**  
 STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**  
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE REQUIRED VICTOR BROWN**

Date

Daytime Phone #

**1-9-02**

**305-665-8885**

CR2E083 (9/01)