

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90903 014 ****50.00

DOCUMENT # L00000001569

1. Entity Name

BDPB CLEARWATER, L.L.C.

Principal Place of Business

**ONE S.E. 3RD AVE., 15TH FL
 MIAMI FL 33131**

**200 SOUTH BISCAYNE BLVD.
 SIXTH FLOOR, MIAMI, FL 33131**

Mailing Address

**ONE S.E. 3RD AVE., 15TH FL
 MIAMI FL 33131**

**200 SOUTH BISCAYNE BLVD.
 SIXTH FLOOR, MIAMI, FL 33131**

968488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0981952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDER, NORMAN S
 100 S.E. 2ND STREET
 STE 3950
 MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **BRANT, BARRY M**
 CITY-ST-ZIP **ONE S.E. 3RD AVE., 15TH FL 200 S. BISCAYNE BLVD., SIXTH FL
 MIAMI FL 33131**

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

TITLE ☐ Delete
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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 REQUIRED

1/28/02 305.379-7000

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

Date

Daytime Phone #

CR2E083 (9/01)