

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002771

1. Entity Name
BIMA II, LLC

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3033 N.E. 32ND AVENUE
FORT LAUDERDALE FL 33308

Mailing Address
3033 N.E. 32ND AVENUE
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same as above
Suite, Apt. #, etc.

3. Mailing Address
same as above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0992513

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

PIOTRKOWSKI, JOEL S
317-71ST STREET
MIAMI BEACH FL 33141

Name *John H. Wile*
Street Address (P.O. Box Number is Not Acceptable)
3033 NE 32nd Ave.
City *Fl. Land. City* Zip Code *FL 33308*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/2001
DATE

FILE NO. W!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
WILE, JOHN
STREET ADDRESS
3033 N.E. 32ND AVENUE
CITY-ST-ZIP
FORT LAUDERDALE FL 33308

TITLE NAME ☐ Change ☐ Addition
300004336813--0
-05/31/01--01093--014
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]*

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

5/1/2001 (954) 866-8044
Date Daytime Phone #

CR2E083 (11/00)