

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-02-2002 90903 016 ****50.00

DOCUMENT # L00000003574

1. Entity Name
BDPB DADELAND, LLC

Principal Place of Business C/O BERKOWITZ, DICK, POLLACK & BRANT ONE S.E. THIRD AVENUE, 15TH FLOOR MIAMI FL 33131 200 S. BISCAYNE BLVD. SIXTH FLOOR, MIAMI, FL 33131	Mailing Address C/O BERKOWITZ, DICK, POLLACK & BRANT ONE S.E. THIRD AVENUE, 15TH FLOOR MIAMI FL 33131 200 S. BISCAYNE BLVD. SIXTH FLOOR, MIAMI, FL 33131
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR 65-1004304		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

**ALHAMBRA REGISTERED AGENTS, INC.
 C/O KARP & GENAUER, P.A.
 2 ALHAMBRA PLAZA, SUITE 1202
 CORAL GABLES FL 33134**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANT, BARRY ONE S.E. THIRD AVE., 15TH FLOOR MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 S. BISCAYNE BLVD. SIXTH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Barry Brant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/02 *305-379-7000*
 Date Daytime Phone #

CR2E083 (9/01)