

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009077 AF

DOCUMENT # L00000004376

1. Entity Name  
BAP DOUGLAS, L.C.

FILED

01 MAY -3 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2601 SOUTH BAYSHORE DRIVE, SUITE 1000  
MIAMI FL 33133

Mailing Address  
2601 SOUTH BAYSHORE DRIVE, SUITE 1000  
MIAMI FL 33133



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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, BRENT D  
801 BRICKELL AVENUE, SUITE 1901  
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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEMBER ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition  
WILLY A. BERMELLO  
2601 SO. BAYSHORE DR, 10th FLOOR  
MIAMI, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition  
LUI'S AJAMIL  
2601 SO. BAYSHORE DR, 10th FLOOR  
MIAMI, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition  
HENRY PINO  
2601 SO. BAYSHORE DR, 10th FLOOR  
MIAMI, FL 33133

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
500004325805--7  
-05/29/01--01125--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ 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:

*[Signature]*

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

Date

Daytime Phone #

4-27-01 859-2050

CR2E083 (11/00)