

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90096 014 \*\*\*\*50.00

**DOCUMENT # L00000004535**

1. Entity Name

**BW HOLDINGS L.L.C.**



Principal Place of Business

Mailing Address

8965 NE 10 AVE  
MIAMI FL 33138

8965 NE 10 AVE  
MIAMI FL 33138

2. Principal Place of Business

**1800 NE 14th STREET**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

Zip **33181**

Country **USA**

Zip

Country

4. FEI Number **65-1009545**

Applied For

Not Applicable

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

**M & W AGENTS, INC.  
2101 CORPORATE BLVD  
SUITE 107  
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **WEISMAN, BENJAMIN B**  
STREET ADDRESS **8965 NE 10 AVE**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1800 NE 14th STREET - APT # 1402**  
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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 REQUIRED**

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

Date

Daytime Phone #

**9/9/03 914-422-3926**

CR2E083 (4/03)