## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am Secretary of State DOCUMENT # L0000014381 1. Entity Name 01-31-2002 90026 028 \*\*\*\*50.00 BPNT I, LLC Principal Place of Business Mailing Address 2200 S.W. 10TH STREET 2200 S.W. 10TH STREET DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1057702 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2200 S.W. 10TH STREET **DEERFIELD BEACH FL 33442** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change ☐ Addition MGR ☐ Delete TITLE NAME NAME JOHN MACATEE STREET ADDRESS STREET ADDRESS 2200 S.W. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete TIT! F Change ☐ Addition MGR NAME NAME KARMELIN, MICHAEL STREET ADDRESS STREET ADDRESS 2200 S.W. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Addition TITLE Change TITLE MGR ☐ Delete NAME NAME MOORE, MICHAEL STREET ADDRESS STREET ADDRESS 2200 S.W. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change Addition TITLE ☐ Delete TITI F MGR NAME NAME BENJAMIN, JEFFREY STREET ADDRESS STREET ADDRESS 2200 S.W. 10TH STREET CITY-ST-ZIE CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change ☐ Addition TITLE MGR ☐ Delete TITLE NAME NAME MENDICINO, DINO STREET ADDRESS STREET ADDRESS 2200 S.W. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 received accurate this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

TEQUIRED R. MOSE, MCK

954-949-7135

FILED