

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 033 ****50.00

DOCUMENT # L00000014381

1. Entity Name

BPNT I, LLC



Principal Place of Business

**2200 S.W. 10TH STREET
DEERFIELD BEACH FL 33442**

Mailing Address

**2200 S.W. 10TH STREET
DEERFIELD BEACH FL 33442**

20023219

2. Principal Place of Business

**800 CORPORATE DRIVE
SUITE 600
FORT LAUDERDALE, FL**

3. Mailing Address

**800 CORPORATE DRIVE
SUITE 600
FORT LAUDERDALE, FL**



☒ CHECK HERE IF MAKING CHANGES

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number **65-1057702**

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

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

**MOORE, MICHAEL
2200 S.W. 10TH STREET
DEERFIELD BEACH FL 33442**

Name **MICHAEL MOORE**

Street Address (P.O. Box Number is Not Acceptable)
800 CORPORATE DRIVE

SUITE 600

City **FORT LAUDERDALE FL** Zip Code **33334**

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

1-17-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **JOHN MACATEE**
STREET ADDRESS **2200 S.W. 10TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **MGR** ☒ Delete
NAME **KARMEIN, MICHAEL**
STREET ADDRESS **2200 S.W. 10TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **MGR** ☐ Delete
NAME **MOORE, MICHAEL**
STREET ADDRESS **2200 S.W. 10TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **MGR** ☐ Delete
NAME **BENJAMIN, JEFFREY**
STREET ADDRESS **2200 S.W. 10TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **MGR** ☒ Delete
NAME **MENDICINO, DINO**
STREET ADDRESS **2200 S.W. 10TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

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

1-17-03

954-492-4003

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

Date

Daytime Phone #

1109

CR2E083 (10/02)