

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015577

1. Entity Name

DILIGENCE-BDA, L.L.C.

FILED

01 APR 27 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DILIGENCE-BDA, LLC  
90 ALTON ROAD  
SUITE 1006

DILIGENCE-D3A, LLC  
90 ALTON ROAD  
SUITE 1006

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

9020 SW 58 Ave.

9020 SW 58 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State *Miami, FL*

City & State *Miami, FL*

4. FEI Number  
65-1063742

Applied For  
Not Applicable

Zip *33156* Country *USA*

Zip *33156* 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

PHILIP ADAMS  
90 ALTON ROAD  
SUITE 1006  
MIAMI BEACH, FL 33139

Name *Philip Adams*  
Street Address (P.O. Box Number is Not Acceptable)

*9020 SW 58 Ave*

City *Miami* FL Zip Code *33156*

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 *Philip Adams*

*Philip Adams*

*23 April 2001*

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN PHILIP ADAMS <del>90 ALTON ROAD, SUITE 1006</del> <del>MIAMI BEACH, FL 33139</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MIKE BAKER CAVINDISH COURT, 11-15 WIGMORE ST LONDON W1211PF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR NICK-DAY CAVINDISH COURT, 11-15 WIGMORE ST LONDON W1211PF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chairman</i> <i>Philip Adams</i> <i>9020 SW 58 Ave</i> <i>Miami, FL 33156</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Philip Adams*

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

Date

Daytime Phone #

*13 MAY 01 3055380348*

CR2E083 (11/00)