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FILED
Sep 03, 2002 8:00 am
Secretary of State
08-19-2002 90139 045 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013091

1. Entity Name

BCDM INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8842 EMERSON AVENUE	8840 EMERSON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, FL	City & State: SURFSIDE, FL
Zip: 33154 Country: DADE	Zip: 33154 Country: DADE

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1124996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: YVES COLON

Street Address (P.O. Box Number is Not Acceptable): 8842 EMERSON AVENUE

City: SURFSIDE FL Zip Code: 33154

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1- May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	Managing member, president
NAME	Yves Colon
STREET ADDRESS	8842 Emerson Ave.
CITY-ST-ZIP	Surfside, FL. 33154
TITLE	managing member, treasurer
NAME	Carlson Daniel
STREET ADDRESS	8940 NW 9th Ct.
CITY-ST-ZIP	Miami FL 33150
TITLE	managing member, vice pres
NAME	Shirlyn Meadows
STREET ADDRESS	2515 NW 120th St.
CITY-ST-ZIP	Miami, FL 33167
TITLE	managing member secretary
NAME	Andrew Brown
STREET ADDRESS	2725 NW 168th Terr
CITY-ST-ZIP	Miami, FL 33056
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Yves Colon Yves Colon 8/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #