

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90418 005 \*\*\*\*50.00

**DOCUMENT # LO1000017956**

1. Entity Name  
**BHL ENTERPRISES, L.L.C.**

Principal Place of Business

**1115 CHENILLE CIRCLE  
 WESTON FL 33327**

Mailing Address

**1115 CHENILLE CIRCLE  
 WESTON FL 33327**

**968696**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**PO Box 266606**

Suite, Apt. #, etc.

**Weston**

City & State

**Weston, FL**

Zip

**33326**

Country

**USA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DINER, MANUEL ESQ.  
 141 NE 3RD AVENUE, SUITE 601  
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

**Bennett Libes**

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

**1115 Chenille Circle**

City

**Weston**

**FL**

Zip Code

**33327**

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 **Bennett Libes**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**05-10-02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete  
 NAME **Bennett Libes**  
 STREET ADDRESS **1115 Chenille Circle**  
 CITY-ST-ZIP **Weston FL 33327**

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

TITLE **Vice President** ☐ Delete  
 NAME **Mindy Libes**  
 STREET ADDRESS **1115 Chenille Circle**  
 CITY-ST-ZIP **Weston FL 33327**

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  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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: **Bennett Libes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**05-10-02 954-659-8060**

Date

Daytime Phone #

CR2E083 (9/01)

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