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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-01-2002 90726 041 ****50.00

DOCUMENT # L01000021191

1. Entity Name

BMS ENTERPRISES OF FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

86072

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5901 SW 74 ST.	5901 SW 74 ST.
Suite, Apt. #, etc. #205	Suite, Apt. #, etc. #205
City & State Miami Fl	City & State Miami Fl
Zip 33143 Country USA	Zip 33143 Country USA

4. FEI Number Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VICTOR Brown

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

5901 SW 74 ST. #205

City Miami FL Zip Code 33143

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: VICTOR Brown DATE: 3-12-02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Member	TITLE	
NAME	VICTOR Brown	NAME	
STREET ADDRESS	5901 SW 74 ST. #205	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33143	CITY-ST-ZIP	
TITLE	Member	TITLE	
NAME	Steven Brown	NAME	
STREET ADDRESS	5901 SW 74 ST. #205	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33143	CITY-ST-ZIP	
TITLE	Member	TITLE	
NAME	David Brown	NAME	
STREET ADDRESS	5901 SW 74 ST. #205	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Miami, Fl. 33143	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: VICTOR Brown 3-12-02 305-665-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #