LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/20

FILED
May 29, 2003 8:00 am
Secretary of State
05-02-2003 90576 017 ****50.00

DOCUMENT # L02000033952

1. Entity Name

BAM DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

44002891

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
6570 ARNO WAY	6570 ARNO WAY	81-0586099	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State: Boynton Beach	City & State: FLA.		
Zip: 33437 Country	Zip: 33437 Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Arnold Glass

Street Address (P.O. Box Number is Not Acceptable): 6570 Arno Way

City: Boynton Beach FL Zip Code: 33437

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arnold Glass, Partner 6570 Arno Way Boynton Beach, Fl. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Kaplowitz, Partner 6670 Gade Road Boynton Beach, Fl. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Tannenholz, Partner 6790 Gade Rd Boynton Beach, Fl. 33437
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ Arnold Glass Partner 4/30/03 561-733-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #