

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L97000001236**

1. Entity Name

**B S & T INTERNATIONAL DEVELOPMENT L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 15 PM 1:51

Principal Place of Business

1600 MIAMI CENTER, 201 S. BISCAYNE BLVD.  
MIAMI FL 33131

Mailing Address

C/O TJM SHUTTS & BOWEN  
201 S. BISCAYNE BLVD., #1600  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804999

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME KIRTON, WAYNE H  
STREET ADDRESS P.O. BOX 1227C, MUSSON BLDG., HINKS STREET  
CITY-ST-ZIP BRIDGETOWN, BARBADOS

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

TITLE MGR ☐ Delete  
NAME BYNOE, C D  
STREET ADDRESS P.O. BOX 1227C, MUSSON BLDG., HINKS STREET  
CITY-ST-ZIP BRIDGETOWN, BARBADOS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003368163--3  
STREET ADDRESS -08/23/00--01021--002  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
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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.

WAYNE H. KIRTON, Manager

SIGNATURE:

*Wayne H. Kirton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*12 August 2000*  
Date

Daytime Phone #

CR2E083 (5/00)