

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000283 AF

DOCUMENT # L97000001236

1. Entity Name  
B S & T INTERNATIONAL DEVELOPMENT L.C.

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

FILED

2001 APR 20 AM 11:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0804999

Applied For

Not Applicable

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 / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE NAME  
MGR CORBIN, LIONEL M.  
STREET ADDRESS P.O. BOX 1227C, MUSSON BLDG., HINKS STREET  
CITY-ST-ZIP BRIDGETOWN, BARBADOS ☐ Change ☒ Addition

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

TITLE NAME  
MGR FIELDS, ALLAN C.  
STREET ADDRESS P.O. BOX 1227C, MUSSON BLDG., HINKS STREET  
CITY-ST-ZIP BRIDGETOWN, BARBADOS ☐ Change ☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 200004085922--3  
-04/27/01--01083--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

*Lionel M. Corbin*

LIONEL M. CORBIN

APRIL 6, 2001

246 4319160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)