## ~2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9700001236 1. Entity Name B S & T INTERNATIONAL DEVELOPMENT L.C.

Principal Place of Business

Mailing Address

1600 MIAMI CENTER, 201 S. BISCAYNE BLVD.

C/O TJM SHUTTS & BOWEN

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	, <u>,</u>

**FILED** May 12, 2002 8:00 am Secretary of State 05-12-2002 90585 016 \*\*\*\*50.00

MIAMI FL 33	131	MIAMI FL 33131	#1600	ļ				
2. Principal	Place of Business	3. Mailing Address	<u> </u>					
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	IN THIS SPACE	ınia anı ıssı		
City & State City & State		City & State	4.		4. FEI Number 65-0804999		Applied For	
Zip~~~	Country	Zip	Country	<b>5.</b> Cert	ificate of Status Desired	\$5.00 Ac		= =
	6. Name and Address of Curre	nt Registered Agent		7 Nam	e and Address of New Reg	Fee Requir	red	4
			Name	7. 14211	e and Address of New Ast	Jistered Agent		$\dashv$
CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD.		Street A	Street Address (P.O. Box Number is Not Acceptable)					
160	00 MIAMI CENTER MI FL 33131		<del> </del> -	<del></del>			, <u>, , , , , , , , , , , , , , , , , , ,</u>	$\frac{1}{2}$
			City			FL Zip Coo	de	-
8. The above	a named entity submits this statement					da.	===	1
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signa	ture required when reinstat	ng)	DATE		╛
		Make Check Pa	OW!!! FEE IS S yable to Depart By May 1, 200	ment of State	·	e (		
9.	MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS/CH	HANGES		4
TITLE	MGR	X Delete	TITLE	Mgr.ā'Rre		Change	<b></b> Addition	15
NAME	CORBIN, LIONEL M	عتمر	NAME	Randall E		change	A Accition	Š
STREET ADDRESS  CITY-ST-ZIP	P.O. BOX 1227C, MUSSON BI	.DG., HINKS STREET	STREET ADDRESS	P. O. Box	k 12270, Musson	Blda. Hink	is St.	. 6
TITLE	- BRIDGETOWN, BARBADOS		. CITY_ST-ZiP : .	Bridgetov	vn, Barbados -			֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝
NAME I	MGR Fields, Allan C	☐ Delete	TITLE			☐ Change	☐ Addition	5
STREET ADDRESS	P.O. BOX 1227C, MUSSON BL	DG HINKS STREET	NAME STREET ADDRESS		•			
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	DO., TINNO STREET	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME			NAME		•	Onlings	Addition	
STREET ADDRESS  CITY-ST-ZIP    ✓			STREET ADDRESS					
			CITY-ST-ZIP					
TITLE : :		☐ Delete	TITLE			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					ĺ

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.

TITLE

NAME

STREET ADDRESS

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

SIGNATURE:	SIGK/15aupil
SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING MANAGING

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

April 29,2002

805-593-5005

■ Addition

☐ Change