

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 27 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005195 AF

DOCUMENT # L98000000234

1. Entity Name  
BWING, L.C.

Principal Place of Business: 1001 WEST CYPRESS CREEK ROAD, SUITE 320  
FORT LAUDERDALE FL 33309

Mailing Address: 1001 WEST CYPRESS CREEK ROAD, SUITE 320  
FORT LAUDERDALE FL 33309-1950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3501219

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPSTEIN, WILLIAM L  
7777 W. GLADES ROAD, SUITE 100  
BOCA RATON FL 33434

Name

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

2300 NW CORPORATE BLVD, SUITE 222

City

BOCA RATON

FL

Zip Code

33431

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  
STREET ADDRESS  
CITY-ST-ZIP

MBR  
NOBIL, JAMES H  
1001 WEST CYPRESS CREEK ROAD, SUITE 320  
FORT LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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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:

*James H. Nobil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/20/00 (954) 772-5320

CR2E083 (9/99)