

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000404

1. Entity Name
BFN L.C.

Principal Place of Business Mailing Address
C/O DOLLY COHAN LAW OFFICE OF WAYNE LEVINE C/O DOLLY COHAN LAW OFFICE OF WAYNE LEVINE
777 LANTANA ROAD 777 LANTANA ROAD
LANTANA FL 33462 LANTANA FL 33462-1632

2. Principal Place of Business 3. Mailing Address
509 Peter Ruehl 509 Peter Ruehl
Suite, Apt. #, etc. Suite, Apt. #, etc.
509 Desoto Av. 509 Desoto Av.
City & State City & State
Lehigh Acres, FL Lehigh Acres, FL
Zip Country Zip Country
33936 USA 33936 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0833728 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
COHAN, DOLLY Name Peter Ruehl
C/O LAW OFFICES OF WAYNE M. LEVINE Street Address (P.O. Box Number is Not Acceptable)
777 LANTANA ROAD 509 Desoto Av.
LANTANA FL 33462 City Lehigh Acres FL Zip Code 33936

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] / PR Peter Ruehl DATE 4/26/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURMEISTER, HANS-JURGEN		NAME		
STREET ADDRESS	SEGEBERGER CHAUSSEE 359, 22851 NORDERSTEDT		STREET ADDRESS		
CITY-ST-ZIP	GERMANY		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCK, PETER		NAME		
STREET ADDRESS	SEGEBERGER CHAUSSEE 359, 22851 NORDERSTEDT		STREET ADDRESS		
CITY-ST-ZIP	GERMANY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Hans-Jurgen Member
Burmeister 4/26/00 944.566.3511

CR2E083 (9/99)