

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004095**

1. Entity Name
BK BLUE SEAS, L.C.

FILED

00 JAN 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180**

Mailing Address
**20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180-1429**



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

☒ Applied For
☐ Not Applied For

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

**BEDZOW, MICHAEL ESQ
BEDZOW KORN BROWN MILLER & ZEMEL PA
208 BISCAYNE BLVD SUITE 200
AVENTURA FL 33180**

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
STREET ADDRESS
CITY - ST - ZIP
**MGR
BEDZOW, MICHAEL
20803 BISCAYNE BLVD SUITE 200
AVENTURA FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**700003121117--3
-02/02/00--01082--008
*****50.00 *****50.00** ☐ Change ☐ Add

TITLE
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CITY - ST - ZIP ☐ Change ☐ Add

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 #

1/24/00 (305) 935-6888