

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004304**

1. Entity Name

BMS NORTH MIAMI, L.L.C.

FILED

01 MAR 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5901 SW 74TH STREET, SUITE 205
SOUTH MIAMI FL 33143**

Mailing Address

**5901 SW 74TH STREET, SUITE 205
SOUTH MIAMI FL 33143**

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

65-0937403 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.
100 N.E. ERD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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**

**700003992827--3
-04/11/01--01110--013
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM** ☐ Delete
NAME **BROWN, VICTOR**
STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **MGRM** ☐ Delete
NAME **BROWN, DAVID**
STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **MGRM** ☐ Delete
NAME **BROWN, STEVEN**
STREET ADDRESS **5901 SW 74TH STREET, SUITE 205**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

VICTOR BROWN 3/

(305)665-8885

CR2E083 (11/00)