

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004380**

1. Entity Name

BMS AVENTURA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:11

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 33143-5150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applied For

Zip

Country

Zip

Country

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

EMO CORPORATE SERVICES, INC.
100 N.E. 3RD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **400003121684--5**
CITY-ST-ZIP **-02/02/00--01108--009**
*******50.00 *****50.00**

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

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

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

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

TITLE ☐ Delete
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Victor Brown

1/25/00

305-665-8805

Date

Daytime Phone #