2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	DOCUMENT # L9900006435						FILE	- N			
	BSS&S DEVELOPMENT GROUP, L.C.					01		M 8 47			
	Principal Place 7700 N. KEND MIAMI FL 331	ALL DRIVE SUITE 805	Mailing Address 7700 N. KENDALL DRIVE SUITE 805 MIAMI FL 33156 Mailing Address 9655 So. Dixie Highway Suite, Apt. #, etc. 3rd Floor		SE ȚAL						
3 °		So. Dixie Highway			DO NOT WRITE IN THIS SPACE						
			City & State Miami, FL	Miami, FL		4. FEI Number 65-0960134			Applied For Not Applicable		
ء -	Zip Country Z		Zip 33156			5Certi	ficate of Status D	esired 🗀	\$5.00 A		
	6. Name and Address of Current Registered Agent					7. Nam	e and Address o	of New Registere			
	770	SHECHTER, PHILIP 7700 N. KENDALL DRIVE SUITE 805 MIAMI FL 33156				P.O. Box M . Dix	Number is Not Ac kie High	cceptable)			
			City Miami			·	F	L 3319	de 56		
	SIGNATURE _	Signature, typed or printed name of registered agent and	FILE NO	OW!!! FEI	ent signature required		5000	DATE	255		
	V,			Make Check Payable to Department of Due By September 26, 2001			f State				
	9.	MANAGING MEMBERS	/MANAGERS	10.			ADD	DITIONS/CHANGE	S		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HESSER, ANDREW 10124 SW 130 TERRACE MIAMI FL 33176	☐ Delete	TITLE NAME STREET AF				(☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHECHTER, PHILIP 7700 N. KENDALL DRIVE SUITE 8 MIAMI FL 33156		TITLE NAME STREET AT CITY-ST-			. Dixie Florida	Highway 33156	⅓Change , 3rd	_	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRITZER, MICHAEL 7700 N. KENDALL DRIVE SUITE & MIAM! FL 33156	□ Delete	TITLE NAME STREET AL CITY-ST-			. Dixie Florida	Highway 33156	⅓ Change , 3rd	_	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEER, EMERY 7700 N. KENDALL DRIVE SUITE & MIAMI FL 33156	□ Delete	TITLE NAME STREET AL CITY-ST-			. Dixie Florida	Highway 33156	⊠ Change , 3rd	_	
	NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENFELD, MARC 7700 N. KENDALL DRIVE SUITE (MIAMI FL 33156	☐ Delete	TITLE NAME STREET AL CITY-ST-			. Dixie Florida	Highway 33156	反 Change , 3rd	□ Addition Floor	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-					Change	Addition	
	11. I hereby co indicated o limited liab	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 approvered to execute this report as required by Chapter 608, Florida Statutes.									