

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006983**

1. Entity Name
BSFA FINANCIAL SERVICES AND CONSULTING, L.L.C.

Principal Place of Business
**90 ALMERIA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**P.O. BOX 144200
CORAL GABLES FL 33114 4200**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1320 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1061

MJNM

City & State

City & State

CORAL GABLES FL

4. FEI Number

65-0973798

Applied For

Not Applicable

Zip

Country

Zip
33146

Country

USA

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

**KLEIN, BRENT D
801 BRICKELL AVENUE, SUITE 1901
MIAMI FL 33131**

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 **MEMBER - MANAGING**
STREET ADDRESS **FARBISH, HOWARD J**
CITY-ST-ZIP **1320 SOUTH DIXIE HIGHWAY SUITE 1061
CORAL GABLES, FLORIDA 33146**

Change Addition
NAME **800003237008--4**
STREET ADDRESS **-05/03/00--01070--016**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **MEMBER**
STREET ADDRESS **SWICKOW, BERNARD**
CITY-ST-ZIP **1320 SOUTH DIXIE HIGHWAY SUITE 1061
CORAL GABLES FLORIDA 33146**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEMBER**
STREET ADDRESS **ADLER, LESIE**
CITY-ST-ZIP **1320 SOUTH DIXIE HIGHWAY SUITE 1061
CORAL GABLES FLORIDA 33146**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEMBER**
STREET ADDRESS **ALDECON, JORGE**
CITY-ST-ZIP **1320 SOUTH DIXIE HIGHWAY SUITE 1061
CORAL GABLES FLORIDA 33146**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MEMBER**
STREET ADDRESS **FARBISH, GARY**
CITY-ST-ZIP **90 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
HOWARD J. FARBISH, MANAGING MEMBER

Date

4/8/00

Daytime Phone #

305-665-5303

CR2E088 (9/99)