

# 2000-UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 16 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007597

1. Entity Name  
BSMS, LLC

Principal Place of Business  
3200 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

Mailing Address  
3200 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431-6311

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 Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBIERI, FRANK A. JR.  
3200 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

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 *Frank A. Jr. Barbieri* CFO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
SCRENCI, STEPHEN  
STREET ADDRESS  
CITY-ST-ZIP 3200 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FLORIDA 33431

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
CFO, MGRM  
BARBIERI, FRANK A. JR.  
STREET ADDRESS  
CITY-ST-ZIP 3200 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
700003284057-4  
-06/12/00--01010--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Stephen W. Serenci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-15-00 561 997 5700

CR2E013 (9/99)