

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000633

1. Entity Name
BEVISION, L.L.C.

FILED

01 FEB 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
633 SOUTH FEDERAL HIGHWAY SUITE 400
FT. LAUDERALE FL 33301

Mailing Address
633 SOUTH FEDERAL HIGHWAY SUITE 400
FT. LAUDERALE FL 33301

2. Principal Place of Business
900 S.E. 3RD Avenue
Suite, Apt. #, etc.
3RD FLOOR

3. Mailing Address
900 S.E. 3RD Avenue
Suite, Apt. #, etc.
3RD FLOOR

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale FL
Zip 33316 Country USA

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Ft. Lauderdale FL
Zip 33316 Country USA

4. FEI Number 65-0979932

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS D
633 SOUTH FEDERAL HIGHWAY SUITE 400
FT. LAUDERALE FL 33301

7. Name and Address of New Registered Agent

Name JASON M. KATES
Street Address (P.O. Box Number is Not Acceptable)
900 S.E. 3RD Avenue
3RD FLOOR
City Ft. Lauderdale FL Zip Code 33316

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

JASON M. KATES, PRESIDENT

DATE 1/15/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 1/15/01 (954) 525-6464
Daytime Phone #