

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000045

DOCUMENT # M00000000693

1. Entity Name

BD MIAMI BEACH LLC

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

60 EAST 54TH STREET  
NEW YORK NY 10022

Mailing Address

60 EAST 54TH STREET  
NEW YORK NY 10022

2. Principal Place of Business

60 East 54<sup>th</sup> St.

3. Mailing Address

60 East 54<sup>th</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York NY

City & State

New York NY

Zip

10022

Country

Zip

10022

Country

4. FEI Number

22-3650080

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BORN, RICHARD  
STREET ADDRESS 60 EAST 54TH STREET  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE MGR  
NAME DRUKIER, IRA  
STREET ADDRESS 60 EAST 54TH STREET  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100004481531--3  
-07/17/01--01094--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/5/01 212 2473900

CR2E083 (5/01)

STAPLE CHECK HERE