

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90438 023 ***150.00

DOCUMENT # M56573

1. Entity Name

BB LANDMARK, INC.

Principal Place of Business

Mailing Address

200 S BISCAYNE BLVD
 STE 2100
 FL 33131

9999 COLLINS AVE.
 #16K
 BAL HARBOUR FL 33154-1834
 US

2. Principal Place of Business

9999 Collins Avenue
 Suite, Apt. #, etc.
 16-K

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Bal Harbour, Florida

City & State

Zip
 33154-1834

Country
 USA

Zip

Country

6. Name and Address of Current Registered Agent

SHEAR, DAVID
 200 S. BISCAYNE BLVD., STE. 2100
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 David Shear
 Street Address (P.O. Box Number is Not Acceptable)
 c/o Fieldstone Lester Shear & Denberg
 201 Alhambra Circle, Suite 601
 City
 Coral Gables FL Zip Code
 33134

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BEDZOW, BENJAMIN 175 NW FIRST AVE #2000 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEDZOW, BESSIE 175 NW FIRST AVE #2000 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEAR, HANNAH 175 NW FIRST AVE #2000 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHEAR, DAVID 175 NW FIRST AVE #2000 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEMPE, MARGARITA 175 NW FIRST AVE #2000 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9999 Collins Ave., Apt. 16-K Bal Harbour, FL 33154-1834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9999 Collins Ave., Suite 16-K Bal Harbour, FL 33154-1834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3960 Utopia Court Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 DAVID SHEAR

Date

Daytime Phone #

4/14/00 305-982-1551

CR2E034 (9/99)