

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90398 025 ***158.75

DOCUMENT # M65057

1. Entity Name

BMC DEVELOPMENT AT CYPRESS HEAD, INC.

Principal Place of Business

**25 SE 2ND AVE
SUITE 504
MIAMI FL 33131
US**

Mailing Address

**P.O. BOX 145388
CORAL GABLES FL 33114
US**

2. Principal Place of Business

**150 SE 2nd Ave Suite 1200
Suite, Apt. #, etc.
Miami, FL 33131**

3. Mailing Address

**150 SE 2nd Ave Suite 1200
Suite, Apt. #, etc.
Suite 1200
City & State
Miami, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0050282

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALLE, ALBERTO
~~25 SE 2ND AVE~~
~~SUITE 504~~
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Boris Rosen, CPA**
Street Address (P.O. Box Number is Not Acceptable)
150 SE 2nd Ave Suite 1200
City **Miami,** FL Zip Code **33131**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, ALFONSO 25 SE 2ND AVE SUITE 504 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VALLE, ALBERTO 25 SE 2ND AVE SUITE 504 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABARTINO, VINCENZO 25 SE 2ND AVE SUITE 504 MIAMI FL 33131	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFONSO GARCIA 150 SE 2nd Ave Suite 1200 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERTO VALLE 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENZO LABARTINO 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

(Alberto Valle)

3/5/02

305-374 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)