

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90079 043 ***150.00

DOCUMENT # M98000000920

1. Entity Name

BEAN STUYVESANT, L.L.C.

Principal Place of Business

**P.O. BOX 51118
 NEW ORLEANS LA 70151-1118**

Mailing Address

**P.O. BOX 51118
 NEW ORLEANS LA 70151-1118**

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

72-1422525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **MGRM** ☐ Delete
 NAME **BEAN HORIZON CORPORATION**
 STREET ADDRESS **619 ENGINEERS ROAD**
 CITY-ST-ZIP **BELLE CHASSE LA 70037**

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **BEAN DREDGING L.L.C.**
 STREET ADDRESS **1055 ST CHARLES AVENUE, SUITE 500**
 CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE **MGRM** ☐ Delete
 NAME **STUYVESANT DREDGING COMPANY**
 STREET ADDRESS **3525 NORTH CAUSEWAY BLVD., SUITE 612**
 CITY-ST-ZIP **METairie LA 70002**

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

TITLE ☐ Delete
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 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: *William D. Hoffman*

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-17-02 504-587-8602

CR2E083 (5/01)