

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 038 ***61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *N98000054V*
 1. Entity Name
Bmj Community Development, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
3530 mystic pointe DR
 Suite, Apt. #, etc.
904
 City & State
Aventura, Florida
 Zip
33180
 Country
DADE

3. Mailing Address
3530 mystic pointe DR
 Suite, Apt. #, etc.
904
 City & State
Aventura, Florida
 Zip
33180
 Country
DADE

4. FEI Number
65-0863849
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Curt Bogle
3530 mystic pointe DR #904
Aventura, FL 33180

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	Curt Bogle	3530 mystic pointe DR #904	Aventura, FL 33180		
SECRETARY	Thomas Qualis	5551 NW 184th Ave	Miami, FL 33055		
TREASURER	ORIE JEDWAB	2462 Inagua Ave	Coconut Grove, FL 33133		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Curt Bogle* *Curt Bogle* *5/8/00* *305-933-4126*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)