

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91653 015 ****61.25

DOCUMENT # N98000005417

1. Entity Name

B M J COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

**3530 MYSTIC POINTE DRIVE
 904
 MIAMI FL 33180**

Mailing Address

**3530 MYSTIC POINTE DRIVE
 904
 MIAMI FL 33180**

2. Principal Place of Business

**16764 NW 67th Ave
 Suite, Apt. #, etc.**

3. Mailing Address

**16764 NW 67th Ave
 Suite, Apt. #, etc.**

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33015

Country

DOOL

Zip

33015

Country

DOOL

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

**BOGLE, CURT
 3530 MYSTIC POINTE DRIVE
 904
 MIAMI 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

FILE NOW: FEE IS \$61.25

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BOGLE, CURT**
 CITY-ST-ZIP **3530 MYSTIC POINTE DR UNIT 904
 AVENTURA FL 33180**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **QUALIS, THOMAS**
 CITY-ST-ZIP **5551 N.W. 184TH TERR.
 MIAMI FL 33055**

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **JEDWAB, ORLIE**
 CITY-ST-ZIP **2462 INQUA AVE.
 COCONUT GROVE FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

4/30/02

Date

Daytime Phone #

CR2E037 (9/01)