

DOCUMENT # P00000001090

1. Entity Name  
B & L PARTNERS, CO.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -5 PM 5:17

2. Principal Place of Business  
740 SOUTHWEST 50TH TERRACE  
SUITE 102  
MIAMI FL 33155

3. Mailing Address  
7740 SOUTHWEST 50TH TERRACE  
SUITE 102  
MIAMI FL 33155



2. Principal Place of Business  
7440 S.W. 50 Terrace

3. Mailing Address  
7440 S.W. 50 Terrace

DO NOT WRITE IN THIS SPACE  
01-17-01 90005 001 \$158.75

State Assn # 000  
Suite 102

State Assn # etc.  
Suite 102

4. FEI Number  
65-0976913

Fee Paid For  
Not Applicable

City & State  
Miami, FL

City & State  
Miami, FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
Name: Maria A. Leon  
Street Address (P.O. Box Number is Not Applicable):  
7440 S.W. 50 Terrace  
Unit 102  
City: Miami FL Zip Code: 33155

6. 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: Maria A. Leon, Maria A. Leon, Vice President 1/30/01  
(Signature of the individual name of registered agent and state address) (NOTE: Registered Agent's signature required after registering) 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BOYLE, WILLIAM	
STREET ADDRESS	7740 SOUTHWEST 50TH TERRACE #102	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LEON, MARIA A	
STREET ADDRESS	7740 SOUTHWEST 50TH TERRACE #102	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Delet
NAME		
STREET ADDRESS	7440 S.W. 50 Terrace, #102	
CITY-STATE-ZIP	Miami, FL 33155	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Delet
NAME		
STREET ADDRESS	7440 S.W. 50 Terrace, #102	
CITY-STATE-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Delet
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Delet
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1/25/01

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a 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 Book 11, Book 12 or change of name attachment with an address, with a letter like empowered

SIGNATURE: Maria A. Leon, Maria A. Leon, v.p. 1/30/01 305-667-5545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR