

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000051170**

1. Entity Name

**BAMT ST. ANDREWS CORPORATION****FILED**

01 SEP 27 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1709 VILLAGE BLVD. WEST PALM BEACH FL 33409		Mailing Address C/O MIG REALTY ADVISORS 250 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH FL 33401		4. FEI Number 65-1012199	Applied For Not Applicable
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent STONE, CHARLES J C/O MIG REALTY ADVISORS 250 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent Name: JANISCH, JEFFREY P Street Address (P.O. Box Number is Not Acceptable): 40 250 AUSTRALIAN AVE. SOUTH Suite 400 City: WEST PALM BEACH FL Zip Code: 33401	
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:  (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) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, JAMES A 250 AUSTRALIAN AVE. SOUTH SUITE 400 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President HEN LOPEZ GUERRA 250 AUSTRALIAN AVE. STE 400 WPB FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIN, KATHLEEN E 250 AUSTRALIAN AVE. SOUTH SUITE 400 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Secretary/Treasurer ALEX; KATHLEEN L <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGT, LOUIS E 250 AUSTRALIAN AVE. SOUTH SUITE 400 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President VOGT, LOUIS E 6025 SWETLAND CT RICHMOND HEIGHTS FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President CHARLES J. STONE 250 AUSTRALIAN AVE S. STE 400 W. PALM BEACH FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President WILLIAM T HUGHES 6025 SWETLAND CT RICHMOND HEIGHTS, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LS	
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:		9/10/01		561-820-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HENRY LOPEZ GUERRA		Date		Daytime Phone #	

CR2E034 (5/01)