2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am DOCUMENT # P00000087169 Secretary of State 1. Entity Name BMF INVESTMENTS. INC. 03-14-2001 90504 036 ***150.00 Principal Place of Business Mailing Address 1717 N BAYSHORE DRIVE SUITE 102 1717 N BAYSHORE DRIVE SUITE 102 MIAMI FL 33132 MIAMI FL 33132 730665 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65 - 10.43078 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEDARD, DENNIS R Street Address (P.O. Box Number is Not Acceptable) 1717 N BAYSHORE DRIVE SUITE 102 **MIAMI FL 33132** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BANZIGER, PATRICK NAME STREET ADDRESS STREET ADDRESS 1717 N BAYSHORE DRIVE SUITE 102 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Addition ☐ Change ☐ Delete TITI E TITLE NAME NAME BANZIGER, JEAN-PAUL 1717 N BAYSHORE DRIVE SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7ÎP **MIAMI FL 33132** ☐ Addition Change TITLE TITL F Delete NAME NAME BANZIGER, MAKKI STREET ADDRESS 1717 N BAYSHORE DRIVE SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR