## FILED Feb 26, 2002 8:00 am

1. Entity Nam	B DEVELOPMENT, INC.	0094997		Secretary of State 02-26-2002 90124 032 ***150.00
Principal Place of Business 2655 COLLINS AVENUE SUITE 2202 MIAMI BEACH FL 33140		Mailing Address 2655 COLLINS AVENUE SUITE 2202 MIAMI BEACH FL 33140		
Principal Place of Business     3. Mailing Address			_	[
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-1053200 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
			Name	<u> </u>
SKRLD, INC. 201 ALHAMBRA CIRCLE			Street Addr	ess (P.O. Box Number is Not Acceptable)
SUITE 110	02			
CORAL GABLES FL 33134			City	FL Zip Code
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!	Registered Agent signature of FEE IS \$150.00 2 Fee will be \$550 6 to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	S OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD URIBARRI, MAGGIE 2655 COLLINS AVENUE MIAMI BEACH FL 33140	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD URIBARRI, MARCELINO 2655 COLLINS AVENUE MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip		□ Delete	TITLE -NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information a vertical with the	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under path, that Lam an officer or director.

securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director syccyte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if it we empowered. indicated on this report of supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an largedges with all or

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)