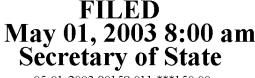
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000056208 **DOCUMENT#** 1. Entity Name B.B.I.M., INC.



FILED										
May 01, 2003 8:00 am										
Secretary of State										
05-01-2003 90158 011 ***150 00										

					1	35/						
Principal Place of Business 17382 SOUTHWEST 143RD PLACE MIAMI FL 33177			Mailing Address 17382 SOUTHWEST 143RD PLACE MIAMI FL 33177									
2. Principal Place of Business			3. Mailing Address					1 : 10 : 120 : : : : : : : : : : : : : : : : : : :				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FE	Number 65-1110785	<u> </u>		plied For t Applicable	
Zip	Country	Zip C			Country		-5. Ce	rtificate of Status Desired: - [.75 Add Require		
6. Name and Address of Current Re			egistered Agent				7. Name and Address of New Registered Agent					
				-	Name							
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE					Street Add	ddress (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134									•			
					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. I am familiar with, and accept the obligations of registered agent.												
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 \$150.00												
After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financia			0 Мау Ве	
Make Check Payable to Florida Department of State								Trust Fund Contribution.		Added	to Fees	
10,	OFFICERS AND DIRECTORS				***		ADDI	TIONS/CHANGES TO OFFICER	S AND DI	RECTORS	S IN 11	
TITLE	PD	<u>-</u> .	☐ Delete	TITLE	:] Change	Addition	
NAME	BARDERE, BRIDETTE L	_		NAM	E						ļ	
STREET ADDRESS 17382 SOUTHWEST 143RD PLACE				ET ADDRESS						J		
CITY-\$1-ZIP	MIAMI FL 33177			CITY	-ST-ZIP							
TITLE	VD		☐ Delete	TITLS] Change	☐ Addition	
NAME :	WASHINGTON, IVADNEY I	_		NAM	- I						-	
STREET ADDRESS CITY-ST-ZIP	17382 SOUTHWEST 143RD PLAC MIAMI FL 33177	E			ET ADDRESS -ST-ZIP						}	
	S	<u> </u>	· · · · · · · · · · · · · · · · · · ·			 -		····		1.05000		
TITLE NAME	WRIGHT, MARLON		∟ Delete	TITLE					L] Change	Addition	
STREET ADDRESS	17382 SOUTHWEST 143RD PLAC	E			ET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33177	_		CITY	-ST-ZIP							
TITLE	Т		☐ Delete	TITLE] Change	Addition	
NAME	Bartley, Densmore			NAM	E							
STREET ADDRESS	17382 SOUTHWEST 143RD PLAC	E			ET ADDRESS						ļ	
CITY-ST-ZIP	MIAMI FL 33177		_ 	CITY	-ST-ZIP							
TITLE			Delete	TITLE] Change	Addition	
NAME STREET ADDRESS	_			NAMI STRE	ET ADDRESS							
CITY-ST-ZIP				1	-ST-ZIP							
TITLE			☐ Delete	TITLE] Change	Addition	
NAME			- Delete	NAMI					_	, a.a., go		
STREET ADDRESS					ET ADDRESS						}	
CITY-ST-ZIP				CITY	-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR