2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED Apr 22, 2002 8:00 am		
DOCUMENT # P01000109455 1. Entity Name B.M. COMMUNICATION INC.					Apr 22, 2002 8:00 am Secretary of State	A۷	
Principal Place	. , ,	Mailing Address			01 22 2002 90231 013 130.00		
2960 NW 17 A MIAMI FL 331	AVE	2960 NW 17 AVE MIAMI FL 33142			0 0 0 7,1 766		
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, · · ·		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEYNumber 1153417 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent	Name_		7. Name and Address of New Registered Agent		
BONETTI,	CESAR E				1ETA-ORTEGA	=	
63 NW BL MIAMI FL	.VD. ,		665		P.O. Box Number is Not Acceptable) O N. W. 180th Terrace mi, Florida 33015		
MIMMITE	55125	•	City		FL Zip Code		
§SIGNATURE _ 9. This corporate filing r	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	ont and title if applicable. (NOTE: DIE FILE NOW!!! After May 1, 200	Registere Agent signation FEE IS \$150.02 Fee will be \$5	ure required w	and agent, or both, in the State of Florida. A)		
11.	OFFICERS AN	ID DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONETTI, CESAR E 63 NW BLVD MIAMI FL 33126	☐ X Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	MAR: 6650	SIDENT-TREASURER Change Addition IETA ORTEGA On. W. 180th Terrace mi, Florida 33015	(どにしら4 (ツ/)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ortega, Marieta 63 NW BLVD Miami FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐	5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-2R		☐ Change ☐ Addition		
13. I hereby of indicated of the cor	pertify that the information supplied very on this report or supplemental reporporation or the receiver or trustee er	with this filing does not qualify for it is true and accurate and that m inpowered to execute this report a	the exemption sta y signature shall as equired by Cou	ited in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or Block 12 if		