

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 009 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114783

1. Entity Name
B MANAGEMENT SERVICES CORP.



Principal Place of Business
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES, FL 33146

Mailing Address
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES, FL 33146

20032342



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2600 SW 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

730

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33129

USA

4. FEI Number

02-0650605

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ DE VARONA, RAUL J
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES, FL 33146

Name

Guzman, Mario

Street Address (P.O. Box Number is Not Acceptable)

1120 Jackson Center

4130 S. Southland Blvd. Suite 1504

City Miami

FL

Zip Code 33156

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

MARIO GUZMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

3/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARBAGALLO, MIGUEL A
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES, FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2600 SW 3rd Avenue # 730
Miami, FL 33129

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03

(305) 839-7787

Date

Daytime Phone #

CR2E034 (10/02)