

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071859

1. Entity Name

BFM INTERNATIONAL, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90114 027 ***150.00

Principal Place of Business

855 S.W. 78TH AVE.
SUITE 202
PLANTATION FL 33324
US

Mailing Address

855 S.W. 78TH AVE.
SUITE 202
PLANTATION FL 33324-3264
US

2. Principal Place of Business

AKERMAN, SENTERFITT & EIDSON, PA

Suite, Apt. #, etc.
c/o OSCAR SANCHEZ, ESQ.

City & State
ONE SE 3RD AVENUE, MIAMI, FL

Zip
33131

Country
USA

3. Mailing Address

AKERMAN, SENTERFITT & EIDSON PA

Suite, Apt. #, etc.
c/o OSCAR SANCHEZ, ESQ.

City & State
ONE SE 3RD AVENUE, MIAMI, FL

Zip
33131

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0606051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARDES, MICHAEL A.
855 S.W. 78TH AVE.
SUITE 202
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
OSCAR SANCHEZ, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
AKERMAN, SENTERFITT & EIDSON, PA
ONE SE 3RD AVENUE
City MIAMI, FL Zip Code 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME PARDES, MICHAEL A.
STREET ADDRESS 855 S.W. 78TH AVE.
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE D
NAME MARKOWITZ, HOWARD
STREET ADDRESS 855 S.W. 78TH AVE.
CITY-ST-ZIP PLANTATION FL 33324 ☒ Delete

TITLE D
NAME SELF, MICHAEL
STREET ADDRESS 855 S.W. 78TH AVE.
CITY-ST-ZIP PLANTATION FL 33324 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME M. PARDES
STREET ADDRESS c/o OSCAR SANCHEZ, ESQ.
CITY-ST-ZIP ONE SE 3RD AVENUE, MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

Date

Daytime Phone #

4-13-00