

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90362 025 ***150.00

DOCUMENT # P95 000012959 ✓

1. Entity Name

Bms Management Company, Inc.

Principal Place of Business

Mailing Address

5901 S.W. 74 ST. #205
 Miami, Fl. 33143

5901 S.W. 74 ST.
 #205
 Miami, Fl. 33143

A0070876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565061

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Emo Corporate Services
 100 N.E 3rd Ave. #1100
 Ft. Lauderdale, Fl. 33301

7. Name and Address of New Registered Agent

Name **VICTOR BROWN**
 Street Address (P.O. Box Number is Not Acceptable)
 5901 S.W. 74 ST. #205
 City **Miami** FL Zip Code **33143**

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

VICTOR BROWN 4/23/01

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

RENEWAL FEE: \$13.00
 After MAY 1, 2001 Fee will be \$50.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☐ Delete
NAME	VICTOR BROWN	
STREET ADDRESS	5901 S.W. 74 ST. #205	
CITY-ST-ZIP	Miami, Fl. 33143	
TITLE	V.P.	☐ Delete
NAME	DAVID BROWN	
STREET ADDRESS	5901 S.W. 74 ST. #205	
CITY-ST-ZIP	Miami, Fl. 33143	
TITLE	Secretary	☐ Delete
NAME	STEVEN BROWN	
STREET ADDRESS	5901 S.W. 74 ST. #205	
CITY-ST-ZIP	Miami, Fl. 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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)(f), 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

VICTOR BROWN 4/20/01

Date

Daytime Phone #

305-665-8885

CR2E034 (11/00)