

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90498 001 \*\*\*150.00  
02-25-2002 90498 002 \*\*\*\*\*8.75

# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P95000019252**

1. Entity Name  
**BPM MANAGEMENT, INC.**

Principal Place of Business  
**% HARRY JOE BROWN, JR.  
461 PARK AVENUE SOUTH, 4TH FLOOR  
NEW YORK NY 10016**

Mailing Address  
**% HARRY JOE BROWN, JR.  
461 PARK AVENUE SOUTH, 4TH FLOOR  
NEW YORK NY 10016**

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 **13-3824856**

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

**Four Florida Shopping Center  
POWER KASSANDRA  
7667 B LAKE WORTH ROAD  
LAKE WORTH FL 33487**

7. Name and Address of New Registered Agent

Name **Four Florida Shopping Centers**  
Street Address (P.O. Box Number is Not Acceptable)  
**7667 B Lake Worth Road**  
City **Lake Worth FL** Zip Code **33467**

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.

**Harry Joe Brown, Jr. Gen'l Partner**

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, HARRY J JR.</b>	
STREET ADDRESS	<b>461 PARK AVE. SOUTH</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OBERLINK, PETER</b>	
STREET ADDRESS	<b>461 PARK AVE. SOUTH, 14TH FL 40 FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Peter Oberlink**

**1/10/02**

Date

**212-683-4400**

Daytime Phone #

CR2E034 (9/01)