

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2001 90362 027 ***150.00

DOCUMENT # P96000077818

1. Entity Name

Bms of Coconut Grove 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

A0070874

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

65-0695311

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 SW 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 resigning)

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)

FILE NOW!!! FEES IS \$150.00
 After MAY 31, 2001 Fee will be \$350.00
 Make Check Payable to Department 5681

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	VICTOR BROWN	5901 S.W. 74 ST. #205	MIAMI, FL. 33143	<input type="checkbox"/>
V.P.	DAVID BROWN	5901 S.W. 74 ST. #205	MIAMI, FL. 33143	<input type="checkbox"/>
Secretary	STEVEN BROWN	5901 S.W. 74 ST. #205	MIAMI, FL. 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

VICTOR BROWN 4/20/01

Date

305-665-8885

Daytime Phone #

CR2E034 (11/00)