AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100409

1. Entity Name
BMVFL-I,INC.

FILED
03 SEP 17 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2840 NW 2nd Avenue	3. Mailing Address 2840 NW 2nd Avenue
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431 / Country USA	Zip 33431 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650849673 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lloyd Granet

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

2295 NW Corporate Boulevard, Suite 235

City: Boca Raton FL Zip Code: 33441-7330

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: Lloyd Granet
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is stated) DATE

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $500.00
Amended UBR Is $125.00
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

TITLE President-Director-Secretary NAME Mark D. Spillane STREET ADDRESS 2840 NW 2nd Avenue #102 CITY-ST-ZIP Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 09-17-03 01029 001 $517.50 100 02313855 $61.25
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP T. Lewis 9/25/03

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark D. Spillane, President 561-368-0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #