2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100973

1. Entity Name

BAM 22, INC.

Principal Place of Business	Mailing Address
3500 GALT OCEAN DRIVE SUITE 2917 FT LAUDERDALE FL 33308	3500 GALT OCEAN DRIVE SUITE 2917 FT LAUDERDALE FL 33308-6813

DO NOT WRITE IN THIS SPACE

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 **65-0714303**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL Zip Code

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

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 / 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			TITLE		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARBESFELD, MEL		NAME		
STREET ADDRESS	3500 GALT OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARBESFELD, BARBARA		NAME		
STREET ADDRESS	3500 GALT OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X _____ SIGNATURE REQUIRED   3-14-00   954 850531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #