

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90218 025 ***150.00

A0065728

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000091922 ✓

1. Entity Name

BMFT Enterprises, Inc.

Principal Place of Business

Mailing Address

1541 Sunset Drive Suite 203
 Coral Gables, FL 33143

2. Principal Place of Business

3. Mailing Address

1541 Sunset Drive

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Coral Gables, FL

4. FEI Number

65-0791981

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

Country

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

Name

Marcelo Fernandes

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

1541 Sunset Drive #203

City Coral Gables

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

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, 2001 Fee will be \$350.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	Marcelo O. Fernandes ☐ Delete 1541 Sunset Drive, Suite 203 Coral Gables, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 SIGNIFICANT OFFICER OR DIRECTOR

Date

Signature of Secretary of State

CR2E034 (11/00)