

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000029767**

1. Entity Name

BAP DEVELOPMENT, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90130 009 ***150.00

Principal Place of Business

% BERMELO AJAMIL & PARTNERS. INC.
10TH FLOOR, 2601 S. BAYSHORE DR.
MIAMI FL 33133

Mailing Address

% BERMELO AJAMIL & PARTNERS. INC.
10TH FLOOR, 2601 S. BAYSHORE DR.
MIAMI FL 33133**00000134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0916495**

Applied For

Not Applicable

Zip

Country

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

KLEIN, BRENT D
801 BRICKELL AVE., STE. 1901
MIAMI FL 33131

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BERMELO, WILLY A	2601 S. BAYSHORE DR., 10TH FLOOR	MIAMI FL 33131	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	AJAMIL, LUIS	2601 S. BAYSHORE DR., 10TH FLOOR	MIAMI FL 33133	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	PINO, HENRY	2601 S. BAYSHORE DR., 10TH FLOOR	MIAMI FL 33133	<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"/>					<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

Date

Daytime Phone #

04-27-01 859-2050

CR2E034 (10/00)