

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91301036***150:00
P99000106990

FILED

03 JUL -3 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11024115



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P99000106990					
1. Entity Name BIMINI LANDING, INC.					
Principal Place of Business 3420 BIRD AVENUE MIAMI, FL 33133			Mailing Address 3420 BIRD AVENUE MIAMI, FL 33133		
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 52-2383311	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONFALONE, JAMES 3420 BIRD AVENUE MIAMI, FL 33133			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CONFALONE, JAMES		NAME		
STREET ADDRESS	3420 BIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		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
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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		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James Confalone</u> 04/24/03 305-442-7377					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)