## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2001 8:00 am Secretary of State DOCUMENT # P99000111.764. 1. Entity Name BBM ASSOCIATES, INC. 04-24-2001 90264 029 \*\*\*150.00 Principal Place of Business Mailing Address 1111 KANE CONCOURSE SUITE 401 1111 KANE CONCOURSE SUITE 401 BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154 Miling Addres Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change Addition CR2E034 (10/00) HUTMAN, BERNARD D NAME NAME 1111 KANE CONCOURSE SUITE 401 STREET ADDRESS STREET ADDRESS CITY-ST-7/P BAY HARBOR ISLAND FL 33154 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME KATZ, BRIAN NAME STREET ADDRESS 1111 KANE CONCOURSE SUITE 401 STREET ADDRESS CHY-ST-ZIP BAY HARBOR ISLAND FL 33154 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUTMAN, MICHAEL W NAME STREET ADDRESS 1111 KANE CONCOURSE SUITE 401 STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLAND FL-33154 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 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-7IP 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 507, Florida Statutes; and that my name appears in Block 10 in Block 10

4/2