


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90082 030 ***150.00

DOCUMENT # P99000111764					
1. Entity Name BBM ASSOCIATES, INC.					
Principal Place of Business 3586 FLAMINGO DRIVE MIAMI BEACH, FL 33140		Mailing Address P.O BOX 402592 MIAMI BEACH, FL 33140			
2. Principal Place of Business		3. Mailing Address <i>3586 Flamingo Drive</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Miami Beach, Florida</i>			
Zip	Country	Zip	Country	4. FEI Number <i>N/A</i>	
<i>33140</i>	<i>USA</i>	<i>33140</i>	<i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAKOWITZ, ALAN ESQ 1111 KANE CONCOURSE SUITE 401 BAY HARBOUR ISLANDS, FL 33164				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD			TITLE	
NAME	HUTMAN, BERNARD D	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	3586 FLAMINGO DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	KATZ, BRIAN			NAME	
STREET ADDRESS	3586 FLAMINGO DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	
NAME	HUTMAN, MICHAEL W			NAME	
STREET ADDRESS	3586 FLAMINGO DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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: <i>Bernard Hutman</i> Bernard Hutman, Pres 5/1/03 614226-4666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)