

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17646

1. Entity Name

BKI MIAMI, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 034 ***150.00

Principal Place of Business

Mailing Address

1 FINANCIAL PLAZA
STE 2110
FT. LAUDERDALE FL 33394
US

1 FIANACIAL PLAZA
STE 2110
FT. LAUDERDALE FL 33394 -
US

2. Principal Place of Business

13001 Founders Square Dr.

Suite, Apt. #, etc.

3. Mailing Address

13001 Founders Square Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-0317671

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

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

WUNDERLICH, JILL L.
1 FIANACIAL PLAZA
STE 2110
FT. LAUDERDALE FL 33394

Name

Kahli Beat m.

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

13001 Founders Square Drive

City

Orlando

FL

Zip Code

32828

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, 2000 Fee will be \$550.00
Make 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	VP	<input checked="" type="checkbox"/> Delete
NAME	KAHI, JILL	
STREET ADDRESS	1 FINANCIAL PLAZA, STE. 2110	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAHLI, BEAT	
STREET ADDRESS	1 FINANCIAL PLAZA, STE. 2110	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13001 Founders Square Drive	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: REQ Beat Kahli

4/10/00

407-658-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)