

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90009 001 \*\*\*150.00

0246396

**DOCUMENT # J17836**

1. Entity Name  
**BDL SEVEN, INC.**

Principal Place of Business	Mailing Address
% G. EARL JAMES 4367 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	% G. EARL JAMES 4367 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
<b>JOHN BIELEJESKI, JR.</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>FORT LAUDERDALE,</b>	<b>4367 N. FEDERAL HWY.,</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>FORT LAUDERDALE, FL.</b> <b>FLORIDA 33308</b>

4. FEI Number <b>59-2685795</b>	Applied For
	Not Applicable

Zip <b>33308</b>	Country <b>BROWARD</b>	Zip <b>33308</b>	Country <b>BROWARD</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BIELEJESKI, JOHN JR.**  
**4141 N.E. 28TH AVENUE**  
**FORT LAUDERDALE FL 33308**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIELEJESKI, JOHN JR.</b> <b>4141 N.E. 28TH AVENUE</b> <b>FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COSTAS, GEORGETTE R.</b> <b>16674 HEMINGWAY DRIVE</b> <b>FORT LAUDERDALE FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RANDOLPH, JAMES</b> <b>980 NORTH FEDERAL HWY, SUITE 312</b> <b>BOCA RATON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIELEJESKI, ELVA</b> <b>4141 NE 28TH AVENUE</b> <b>FORT LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Bielejeski, Jr.* **PRESIDENT**  
 JOHN BIELEJESKI, JR. PRESIDENT

Date **1-10-2001** Daytime Phone **954-772-8222**

CR2E034 (10/00)