

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90157 024 ***150.00

DOCUMENT # P94000093916

1. Entity Name
-BDI CONSTRUCTION COMPANY

| | |
|---|---|
| Principal Place of Business 7270 NW 12 ST STE 200 MIAMI FL 33166 US | Mailing Address 7270 NW 12 ST STE 200 MIAMI FL 33166 US |
|---|---|

| | |
|--------------------------------|--------------------|
| 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 **65-0543409**

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KATHLEEN BENTE ESQ.
 SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
 3940 NATIONSBANK TOWER 100 SE 2ND STREET
 MIAMI FL 33131**

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 _____ (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, 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 | DP | <input type="checkbox"/> Delete |
| NAME | ROSELL, TEOBALDO JR | |
| STREET ADDRESS | 1220 ALEGRIANO AVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D/S | <input type="checkbox"/> Delete |
| NAME | ROSELL, INA P | |
| STREET ADDRESS | 1220 ALEGRIANO AVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | ROSELL, TEOBALDO III | |
| STREET ADDRESS | 8841 SW 86 ST | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | ROSELL, CARLOS F | |
| STREET ADDRESS | 8220 SW 62 PL | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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 authority like empowered.

SIGNATURE: Teobaldo Rosell, Jr. **TEOBALDO ROSELL, JR. President** 1/19/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305-592-1210**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE