

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 012 ***158.75

DOCUMENT # P94000093916
1. Entity Name
BDI CONSTRUCTION COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7270 NW 12 STREET		3. Mailing Address 7270 NW 12 STREET	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country UNITED STATES	Zip 33126	Country UNITED STATES

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0543409	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2611 HOLLYWOOD BLVD.

KATHLEEN BENTE, ESQ.
City
MIAMI, FL Zip Code
33020

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	DP ROSELL, TEOBALDO JR. 1220 ALEGRIANO AVE CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ROSELL, INA P. 1220 ALEGRIANO AVE. CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSELL, TEOBALDO, III 8841 SW 86 STREET MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSELL, CARLOS F. 8220 SW 62 PLACE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **TEOBALDO ROSELL, JR.** 03/25/02 (305) 592-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034B (12/01)