2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other life

OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # 327607** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** BPT CONST INC 02-02-2000 90128 023 ***150.00 Mailing Address Principal Place of Business 8000 NW 74TH ST 3000 NW 74TH ST MEDLEY FL 33166-2318 MEDLEY FL 33166 3. Mailing Address 2. Principal Place of Business 7600 NW 69 ST. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1212928 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EBNER, JR H J. Street Address (P.O. Box Number is Not Acceptable) 8000 NW 74TH STREET **MIAMI FL 33166** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11, Addition PD TITLE ☐ Delete TITLE PARKER, D. D NAME NAME STREET ADDRESS STREET ADDRESS 8000 NW 74TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE TAYLOR, CYNTHIA C. NAME NAME STREET ADDRESS 8000 NW 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition -. Delete TITLE . . . TITLE PARKER, LYNN NAME NAME STREET ADDRESS 8000 NW 74TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL [] Change ☐ Addition ☐ Delete TITLE TITLE PARKER, JOHN D NAME NAME STREET ADDRESS 8000 NW 74 ST. STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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