## **2001 UNIFORM BUSINESS REPORT (UBR)** Sep 14, 2001 8:00 am Secretary of State **DOCUMENT #** 327607 1. Entity Name BPT CONST INC 09-14-2001 90006 049 \*\*\*550.00 Principal Place of Business Mailing Address 9000 NW 74TH ST 7600 NWL69TH-9T-**CANALPOORS** MEDLEY FL 33166 MEDLEY FL 33166 US US 2. Principal Place of Business 3. Mailing Address NW 69 AVE 8000NW74 7600 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1212928 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'arker EBNER, JR H J. Street Address (P.O. Box Number is Not Acceptable) 8000 NW 74TH STREET MIAMI FL 33166 NW 8. The above named entity submits. statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete . ☐ Change Addition PARKER, D. D NAME NAME STREET ADDRESS 8000 NW 74TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ■ Addition NAME TAYLOR, CYNTHIA C. NAME STREET ADDRESS 8000 NW 74TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARKER, LYNN NAME STREET ADDRESS 8000 NW 74TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARKER, JOHN D NAME STREET ADDRESS 8000 NW 74 ST. STREET ADDRESS CITY-ST-ZIP Miami Fl CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATUDA VILODIFARESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/01 30\$