

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000005260**1. Entity Name  
BCI SOUTHEAST, INC.

## Principal Place of Business

6245 N.W. 9TH AVENUE, SUITE 105

FT. LAUDERDALE  
33309

FL

## Mailing Address

6245 N.W. 9TH AVENUE, SUITE 105

FT. LAUDERDALE  
33309

FL

## 2. Principal Place of Business

6245 N.W. 9TH AVENUE, SUITE 202

## 3. Mailing Address

6245 N.W. 9TH AVENUE, SUITE 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

FT. LAUDERDALE

FL

## City &amp; State

FT. LAUDERDALE

FL

Zip  
33309

Country

Zip  
33309

Country

## 4. FEI Number

**58-2416571**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
32301

US

FL

## 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 \_\_\_\_\_ **09/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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	TCFO	<input type="checkbox"/> Delete
NAME	ROSE WILLIAM	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STALEY JEFFREY A	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	BERLINER RICHARD	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE WILLIAM J	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANT DOREEN	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLINER RICHARD	
STREET ADDRESS	20 BUSHES LANE	
CITY-ST-ZIP	ELMWOOD PARK NJ 07407	
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 all other like empowered.

**SIGNATURE: Doreen Trant**

COO

09/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)