

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17836

1. Entity Name  
BDL SEVEN, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90043 032 \*\*\*150.00

Principal Place of Business      Mailing Address  
% G. EARL JAMES      % G. EARL JAMES  
4367 NORTH FEDERAL HIGHWAY      4367 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308      FORT LAUDERDALE FL 33308-5213



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2685795</b>                           |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent                           |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| BIELEJESKI, JOHN JR.<br>4141 N.E. 28TH AVENUE<br>FORT LAUDERDALE FL 33308 |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  |  |  |    |  |
|   |  |  |  | City   |  | FL |  |

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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---|---|--|
| TITLE                      | P BIELEJESKI, JOHN JR.<br>4141 N.E. 28TH AVENUE<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | S COSTAS, GEORGETTE R.<br>16674 HEMINGWAY DRIVE<br>FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | -VP- RANDOLPH, JAMES<br>980 NORTH FEDERAL HWY, SUITE 312<br>BOCA RATON FL <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | T BIELEJESKI, ELVA<br>4141 NE 28TH AVENUE<br>FORT LAUDERDALE FL <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | 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: John Bielejeski, Jr. 1-5-2000 954-772-8222  
JOHN BIELEJESKI, JR. Date Daytime Phone #

CR2E034 (9/99)