

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17836

1. Entity Name
BDL SEVEN, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90009 001 ***150.00

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

Mailing Address
% G. EARL JAMES
4367 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
JOHN BIELEJESKI, JR.
Suite, Apt. #, etc.
SUITE 101
City & State
FORT LAUDERDALE,
Zip
33308
Country
BROWARD

3. Mailing Address
4367 N. FEDERAL HWY.,
Suite, Apt. #, etc.
SUITE 101
City & State
FORT LAUDERDALE, FL.
FLORIDA 33308
Zip
33308
Country
BROWARD

4. FEI Number **59-2685795**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BIELEJESKI, JOHN JR.
4141 N.E. 28TH AVENUE
FORT LAUDERDALE FL 33308

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 _____
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELEJESKI, JOHN JR.		NAME		
STREET ADDRESS	4141 N.E. 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTAS, GEORGETTE R.		NAME		
STREET ADDRESS	16674 HEMINGWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, JAMES		NAME		
STREET ADDRESS	980 NORTH FEDERAL HWY, SUITE 312		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELEJESKI, ELVA		NAME		
STREET ADDRESS	4141 NE 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		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.* **PRESIDENT** **1-10-2001**
JOHN BIELEJESKI, JR. **PRESIDENT** Date **1-10-2001** Daytime Phone **954-7725**

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CR2E034 (10/00)

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