

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17836

1. Entity Name
BDL SEVEN, INC.

Principal Place of Business
JOHN BIELEJESKI, JR.
SUITE 101
FORT LAUDERDALE FL 33308

Mailing Address
4367 NORTH FEDERAL HIGHWAY
SUITE 101
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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 P
NAME BIELEJESKI, JOHN JR.
STREET ADDRESS 4141 N.E. 28TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE S
NAME COSTAS, GEORGETTE R.
STREET ADDRESS 16674 HEMINGWAY DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33326

☐ Delete

TITLE VP
NAME RANDOLPH, JAMES
STREET ADDRESS 980 NORTH FEDERAL HWY, SUITE 312
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE T
NAME BIELEJESKI, ELVA
STREET ADDRESS 4141 NE 28TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Randolph Pro

JANUARY 7, 2002

954-772-8222

Date

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90007 023 ***150.00



DO NOT WRITE IN THIS SPACE

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AV

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