

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0132570 AT

DOCUMENT # L16303

1. Entity Name
BD LIQUIDATING CORP.



03 SEP 10 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
855 S FEDERAL HWY
STE 101
BOCA RATON FL 33432
US

Mailing Address
PO BOX 1569
BOCA RATON FL 33429-1569
US



2. Principal Place of Business

5035 NW 102 Dr

Suite, Apt. #, etc.

3. Mailing Address

5035 NW 102 Dr

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

Zip
33076

Country
US

City & State
Coral Springs FL

Zip
33076

Country
US

4. FEI Number 65-0141240

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRASER, WILLIAM K.
855 S FEDERAL HWY
STE 101
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Michael Silverstein
Street Address (P.O. Box Number is Not Acceptable)
5035 NW 102 Dr
City Coral Springs FL Zip Code 33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRASER, WILLIAM K.
STREET ADDRESS 855 S FEDERAL HWY STE 101
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE TD
NAME GAUTREAU, BONNIE JUNE
STREET ADDRESS 855 S FEDERAL HWY STE 101
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE SDV
NAME SILVERSTEIN, MICHAEL
STREET ADDRESS 855 S FEDERAL HWY STE 101
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Michael Silverstein
STREET ADDRESS 5035 NW 102 Dr
CITY-ST-ZIP Coral Springs FL ☒ Change ☐ Addition

TITLE TD
NAME Michael Silverstein
STREET ADDRESS 5035 NW 102 Dr
CITY-ST-ZIP Coral Springs FL ☒ Change ☐ Addition

TITLE SDV
NAME Michael Silverstein
STREET ADDRESS 5035 NW 102 Dr
CITY-ST-ZIP Coral Springs FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Silverstein 9/9/03 954-732-6020

Date Daytime Phone #

CR2E034 (4/03)