## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MENT # M61883	<u>ئ</u> يد	<b>.</b>	•		program to the same				
B.P.L. ENTERPRISES, INC.										
Principal Place of Business Mailing Address						00 FEB 24 PM 3: 11				
7288 WEST OA LAUDERHILL FI	kland park blvd. L 33313	7288 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33313-1041				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	Tace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE			
City & State		City & State			4, F	FEI Number         65-0012718         Applied For Not Applicable				
Zip	Country	Zip	Coun	try	<b>5.</b> C	Certificate of Status Desired	\$8.75 Fee Rec	Additiona periur	11	
	6. Name and Address of Current i	Registered Agent			7. N	ame and Address of New Regis	tered Agent			
				Name	<b>-</b> .	·.·	. <del>.</del> .		]	
	ra, domenica ) s.w. 1st court			Street Address (P.O. Box Number is Not Acceptable)						
POM	IPANO BEACH FL 33060			01				Code		
				City			FL Zip			
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Florida	·			
									1	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E. Registerer	Agent signature req	uired when rei	nstating)	DATE		<b>-</b> .	
9. This corns	pration is eligible to satisfy its Intangible	FILE NOW	III EEE	IS \$150.00			<del></del>			
Tax filing re (See criter	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat			<ol> <li>Election Campaign Financial Trust Fund Contribution.</li> </ol>		5.00 Ma dded to Fe			
11.	OFFICERS AND	<u></u>	12.			DITIONS/CHANGES TO OFFICER	S AND DIRECT	TORS IN 1		
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NAME	JACOBELLIS, FRANK	L 1761616	NAMI	•				ا بي	) g	
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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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR PIRECTOR Date Date Despure Proce 2										