

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M61883			
1. Entity Name B.P.L. ENTERPRISES, INC.			
Principal Place of Business 7288 WEST OAKLAND PARK BLVD. LAUDERHILL, FL 33313		Mailing Address 7288 WEST OAKLAND PARK BLVD. LAUDERHILL, FL 33313	
* Address Change *			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1950 NW 105 Lane Suite, Apt. #, etc.	
City & State Coral Springs FL		4. FEI Number 65-0012718	
Zip 33071		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent FLORA DOMENICA 1400 S.W. 16TH COURT POMPANO BEACH, FL 33060		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing.) DATE			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JACOBELLIS, FRANK 7288 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1950 NW 105 LN Coral Springs FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP D'ELIA, JOSEPH A 10936 N.W. 1ST MANOR CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Frank Jacobellis		4-24-03 954-345-3906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESIGNATION		Date Calling Phone #	

Frank Jacobellis