

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90126 017 ***550.00

DOCUMENT # P01000039397

1. Entity Name
BDU FINANCIAL, INC.

Principal Place of Business

**501 BRICKELL KEY DRIVE
 SUITE 504
 MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DRIVE
 SUITE 504
 MIAMI FL 33131**

B0134634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ.
 501 BRICKELL KEY DRIVE
 SUITE 504
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ANGEL L. ALVAREZ**

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

1111 BRICKELL AVE

11th FLOOR

City

MIAMI

FL

Zip Code

33131

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

ANGEL L. ALVAREZ / PRESIDENT

6/25/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANGEL LUIS ALLAREZ	
STREET ADDRESS	CALLE PRIMERA NO 50 Penthouse	
CITY-ST-ZIP	Santo Domingo, D.R.	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID ECHEVERRI	
STREET ADDRESS	1111 BISCAYNE BLVD, UNIT 1418	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MONICA ECHEVERRI	
STREET ADDRESS	1111 BISCAYNE BLVD, UNIT #1417	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE: ANGEL L. ALVAREZ / PRESIDENT

6/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)