

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90134 040 ***158.75

037725 AV

DOCUMENT # P01000070856**1. Entity Name**
BCI7 MARKETING, INC.**Principal Place of Business****23156 VIA STEL**
BOCA RATON FL 33433**Mailing Address****23156 VIA STEL**
BOCA RATON FL 33433**2. Principal Place of Business****223 SKYLARK POINT**

Suite, Apt. #, etc.

3. Mailing Address**223 SKYLARK POINT**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL**City & State**
JUPITER, FL**4. FEI Number**
651120446**Applied For**
Not Applicable**Zip**
33458**Country**
USA**Zip**
33458**Country**
USA**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CIOFFI, PATRICK**
23156 VIA STEL
BOCA RATON FL 33433**7. Name and Address of New Registered Agent****Name** **MICHAEL J. BERARDI**
Street Address (P.O. Box Number is Not Acceptable)
223 SKYLARK POINT
City **JUPITER** **FL** **Zip Code** **33458****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***Michael J. Berardi, President*

(NOTE: Registered Agent signature required when reinstating)

*1/23/02***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	Y	<input type="checkbox"/> Delete
NAME	CIOFFI, PATRICK	
STREET ADDRESS	23156 VIA STEL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERARDI, MICHAEL J	
STREET ADDRESS	223 SKYLARK POINT	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	
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:** *Michael J. Berardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*1/23/02* **561-748-1009**
Date Daytime Phone #

CR2E034 (9/01)