

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081900

1. Entity Name  
BCD INTERNATIONAL, INC.

Principal Place of Business  
1743 WESTOVER RESERVE BLVD  
WINDERMERE FL 34786  
US

Mailing Address  
1743 WESTOVER RESERVE BLVD  
WINDERMERE FL 34786  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3211908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIVerson, SCOTT E  
7575 DR PHILLIPS BLVD, SUITE 235  
SUITE 140  
ORLANDO FL 32819

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS BOLORINO, DIOGO  
CITY-ST-ZIP 10086 BRANDON CIR  
ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1743 WESTOVER RESERVE BLVD \*  
CITY-ST-ZIP Windermere FL 34786

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BOLORINO, EDUARDO  
CITY-ST-ZIP 10086 BRANDON CIR  
ORLANDO FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BOLORINO, CLEIDE  
CITY-ST-ZIP 10086 BRANDON CIR  
ORLANDO FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BOLORINO, MARCOS  
CITY-ST-ZIP 10086 BRANDON CIR  
ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Eduardo Bolorino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP.

4/15/01

Date

407 892-4411

Daytime Phone #

CR2E034 (10/00)