

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90139 046 ***150.00

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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108 GRACE AVE
 Suite, Apt. #, etc.

3. Mailing Address
108 GRACE AVE
 Suite, Apt. #, etc.

City & State
CELEBRATION, FL

City & State
CELEBRATION, FL

4. FEI Number **59-3211908**

Applied For
 Not Applicable

Zip
34747

Country
USA

Zip
34747

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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, 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 **D** ☐ Delete
 NAME **BOLORINO, DIOGO**
 STREET ADDRESS **1743 WESTOVER RESERVE BLVD.**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **V** ☐ Delete
 NAME **BOLORINO, EDUARDO**
 STREET ADDRESS **1743 WESTOVER RESERVE BLVD.**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **S** ☐ Delete
 NAME **BOLORINO, CLEIDE**
 STREET ADDRESS **1743 WESTOVER RESERVE BLVD.**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **T** ☐ Delete
 NAME **BOLORINO, MARCOS**
 STREET ADDRESS **1743 WESTOVER RESERVE BLVD.**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BOLORINO, DIOGO**
 STREET ADDRESS **108 GRACE AVE**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **V** ☐ Change ☐ Addition
 NAME **BOLORINO, EDUARDO**
 STREET ADDRESS **13548 TURTLE MARSH LOOP # APT 420**
 CITY-ST-ZIP **ORLANDO, FL 32637**

TITLE **S** ☐ Change ☐ Addition
 NAME **BOLORINO, CLEIDE**
 STREET ADDRESS **108 GRACE AVE**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **T** ☐ Change ☐ Addition
 NAME **BOLORINO, MARCOS**
 STREET ADDRESS **108 GRACE AVE**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 **407 892-4411**
 Date Daytime Phone #

CR2E034 (9/01)