

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017687

1. Entity Name  
BDZ, INC.

FILED  
May 11, 2001 8:00 am  
Secretary of State  
05-11-2001 90049 025 \*\*\*150.00

Principal Place of Business  
13130 STATE ROAD 84  
DAVIE FL 33325

Mailing Address  
13130 STATE ROAD 84  
DAVIE FL 33325

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0474692**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ROSENTHAL, ALEX P  
15176 EAGLE NEST LANE  
SUITE 101  
MIAMI LAKES FL 33014

Name

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

*5801 Hollywood Blvd  
Suite 350*

City

*Hollywood*

FL

Zip Code  
*33021*

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.

*B. Zuckerman*

*4/12/01*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> ZUCKERMAN, BARRY 13130 STATE RD 84 DAVIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ZUCKERMAN, DENISE 13130 STATE RD 84 DAVIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *B. Zuckerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/01 854-424-3797*

Date

Day/Time Phone #

CR2E034 (10/00)