

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093916

1. Entity Name

BDI CONSTRUCTION COMPANY

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 037 ***150.00

Principal Place of Business

Mailing Address

~~7990 NW 60TH ST~~
~~MIAMI FL 33166~~

~~7990 NW 60TH ST~~
~~MIAMI FL 33166-3414~~

2. Principal Place of Business

7270 NW 12 Street

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Address

7270 NW 12 Street

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0543409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATHLEEN BENTE ESQ.
SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
3940 NATIONSBANK TOWER 100 SE 2ND STREET
MIAMI FL 33131

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, 2000 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 DP ☐ Delete
NAME ROSELL, TEOBALDO JR
STREET ADDRESS 7990 NW 60TH ST
CITY-ST-ZIP MIAMI FL

TITLE D/S ☐ Delete
NAME ROSELL, INA P
STREET ADDRESS 7990 NW 60TH ST
CITY-ST-ZIP MIAMI FL 33166

TITLE DVP ☐ Delete
NAME ROSELL, TEOBALDO I
STREET ADDRESS 7990 NW 60 STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE DV ☐ Delete
NAME ROSELL, CARLOS I
STREET ADDRESS 7990 NW 60 STREET
CITY-ST-ZIP MIAMI FL 33166

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 DP ☒ Change ☐ Addition
NAME Rosell, Teobaldo Jr.
STREET ADDRESS 1220 Alegriano Avenue
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE D/S ☒ Change ☐ Addition
NAME Rosell, Ina P
STREET ADDRESS 1220 Alegriano Avenue
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE DVP ☒ Change ☐ Addition
NAME Rosell, Teobaldo III
STREET ADDRESS 8841 SW 86 Street
CITY-ST-ZIP Miami, Florida 33173

TITLE DVP ☒ Change ☐ Addition
NAME Rosell, Carlos F
STREET ADDRESS 8220 SW 62 Place
CITY-ST-ZIP Miami, Florida 33143

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:

TEOBALDO ROSELL, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 113

CR2E034 (9/99)