

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**  
 01-26-2001 90157 024 \*\*\*150.00

**DOCUMENT # P94000093916**

1. Entity Name

**BDI CONSTRUCTION COMPANY**

Principal Place of Business

**7270 NW 12 ST  
 STE 200  
 MIAMI FL 33166  
 US**

Mailing Address

**7270 NW 12 ST  
 STE 200  
 MIAMI FL 33166  
 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 **65-0543409**

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

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

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	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
DP	ROSELL, TEOBALDO JR	1220 ALEGRIANO AVE	CORAL GABLES FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D/S	ROSELL, INA P	1220 ALEGRIANO AVE	CORAL GABLES FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	ROSELL, TEOBALDO III	8841 SW 86 ST	MIAMI FL 33173	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	ROSELL, CARLOS F	8220 SW 62 PL	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 powers like empowered.

SIGNATURE: TEOBALDO ROSELL, JR. President 1/9/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)