## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000035926

1. Corporation Name

BDI CHEMICALS, INC.

Princip	oal Place of Business	

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90070 016 \*\*\*150.00



Mailing Address 31 N E 28TH STREET 31 N.E. 28TH STREET MIAMI FL 33137 **MIAMI FL 33137** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 05/08/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0596915 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Country Country Zip This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FENDIE. ALNSLEE R Street Address (P.O. Box Number is Not Acceptable) 82 717 PONCE DE LEON BVE, STE 215 **SUITE 203** 83 **CORAL GABLES FL 33134** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition □ DELETE TITLE 1.1 TITLE GREENFIELD, MICHAEL 1.2 NAME NAME 31 N.E. 28TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if provided as on an attendance with all additional control of the copporation of the receiver of the receive

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5 2 NAME

6.1 TITLE

DELETE

☐ DELETE

Block 12 or Block 13 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP '

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Change

☐ Change

☐ Addition

Addition

CR2F034 (11/98)