

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P97000089838*

1. Entity Name

BBDI Inc.

FILED

02 MAR -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*12000 Biscayne Blvd
Ste. 502
Miami, FL 33181*

same

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

65-0841178

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

*Borkan, Burt
12000 Biscayne Blvd
Ste. 502
Miami, FL 33181*

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
	<i>DST</i>			
	<i>Borkan, Burt</i>			
	<i>12000 Biscayne Blvd Ste 502</i>			
	<i>Miami, FL 33181</i>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BURT BORKAN

Date

Daytime Phone #

355-833-1900

CR2E034 (1/00)

202

February 28, 2002

Florida Department of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, Florida 32314

Subject: BBDI INC.
Reference: P97000089838

Please be advised that the above report was previously submitted but apparently misdirected in the mail.

Pursuant to your instructions, please find our check 1404 in the amount of \$300.00.

Please advise(305 893 1900) if you have any questions and hopefully 2002 will be without incident.

Sincerely,

A handwritten signature in cursive script that reads "Bill Jack".

Bill Jack
BBDI-Controller