

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064312

1. Entity Name
BUSINESS DEVELOPMENT TECHNOLOGY FINANCIAL RESOUR

Principal Place of Business
1515 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

Mailing Address
1515 NORTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

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 65-0851600

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DPST
ETTLINGER, EUGENE
1515 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90019 046 ***150.00



DO NOT WRITE IN THIS SPACE

0076173 AV

CR2E034 (5/01)

EUGENE EITLWEIN
2575 PALISADE
RIVERDALE, N.Y. 10463

Attachment
D#PA800061312
A0085805

Sept. 5, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
TALLAHASSEE, Florida 32311

Gentlemen:

PLEASE BE ADVISED THAT THIS IS THE
ONLY CORRESPONDENCE THAT I RECEIVED
PERTAINING TO THE CORPORATION.

BUSINESS DEVELOPMENT TECHNOLOGY TECHNOLOGY
FINANCIAL RESOURCES.

FURTHER PLEASE FIND ENCLOSED \$150.00 TO
COVER THE COST OF THE FILING THE CORPORATION.

Very Truly Yours,

Eugene Eitlwein

Enc