

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064870

1. Entity Name

BP INTERNATIONAL TECHNOLOGIES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90180 027 \*\*\*150.00

Principal Place of Business

10730 WASHINGTON ST. 202  
 PEMBROKE PINES FL 33025

Mailing Address

10730 WASHINGTON ST. 202  
 PEMBROKE PINES FL 33025-3563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10630 Washington St. 205

Suite, Apt. #, etc.

10630 Washington St. 205

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966529

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name

Thomas Boldt

Street Address (P.O. Box Number is Not Acceptable)

10630 Washington St. 205

City

Pembroke Pines

FL

Zip Code

33025

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BOLDT, THOMAS  
 CITY-ST-ZIP 10730 WASHINGTON ST, 202  
 PEMBROKE PINES FL 33025

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 10630 Washington St. 205  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PERNG, ANDREW  
 CITY-ST-ZIP N77 W 7257 OAK ST  
 CEDARBURG WI 53012

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

THOMAS E. BOLDT

4-28-00

954-447-9708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99