

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P99000085576

1. Entity Name

BCD GROUP, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-25-2000 90018 043 ***150.00

Principal Place of Business Mailing Address
151 GIRALDA AVENUE 151 GIRALDA AVENUE
CORAL GABLES FL 33134 CORAL GABLES FL 33134-5208

2. Principal Place of Business 3. Mailing Address
5223 West Broward Blvd. 8820 S.W. 131 St
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Plantation Miami, FL
Zip Zip
33317 33176
Country Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0955870 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name BLANK, Barbara J.
Street Address (P.O. Box Number is Not Acceptable)
7136 S.W. 48 Lane
City Miami FL Zip Code 33155

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BLANK, CYNTHIA A	151 GIRALDA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
V	BLANK, BARBARA J	151 GIRALDA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
ST	ROLOLANTE, DEBRA B	151 GIRALDA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
D	WELLS, CATHYRN D	151 GIRALDA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		6400 S.W. 123 terrace	Pinecrest FL 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7136 S.W. 48 Lane	Miami, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6200 S.W. 132 St	Pinecrest, FL 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4200 Community Drive #2114	West Palm Beach, FL 33409	<input checked="" 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 other title empowered.

SIGNATURE:

Debra B. Rotolante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00 305-254-0000 ext 16
Date Daytime Phone #