FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61883

1. Entity Name
B.P.L. ENTERPRISES, INC.

11023637

Principal Place of Business	Mailing Address
~~7288 WEST OAKLAND PARK BLVD.~~	7288 WEST OAKLAND PARK BLVD.
~~LAUDERHILL, FL 33313~~	LAUDERHILL, FL 33313

address Change

2. Principal Place of Business	3. Mailing Address
	1950 NW 105 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Coral Springs FL
Zip / Country	Zip: 33071 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0012718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORA, DOMENICA
1400 S.W. 1ST COURT
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	JACOBELLIS, FRANK	
STREET ADDRESS	~~7288 W. OAKLAND PK BLVD.~~ 1950 NW 105 LN	
CITY-ST-ZIP	~~LAUDERHILL, FL~~ Coral Springs FL 33071	
TITLE	VP	☐ Delete
NAME	D'ELIA, JOSPEH A	
STREET ADDRESS	10936 N.W. 1ST MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Jacobellis 4-24-03 954-345-3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank Jacobellis