2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| | MENT # 517496 | * | | | | | | | |
|--|---|--|---|--|---|---|--|----------------------------|--|
| BLACKSTONE LEGAL SUPPLIES, INC. | | | | | | F Lam En D | | | |
| Nation Address | | | | | | 01 APR 30 AM 10: 53 | | | |
| Principal Place of Business | | Mailing Address 3732 N.W. 16TH STREET | | | | | | | |
| 732 N.W. 16TH STREET ORT LAUDERDALE FL 33311-4132 | | FORT LAUDERDALE FL 33311-4132 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. F | 59-1708556 | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Count | ry | 5. (| Certificate of Status Desired | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | ·- | 7. N | lame and Address of New Registered | Agent | | |
| | | | | Name | | | | | |
| HEYMAN, LESLIE 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FI. L | AUDERDALE LE 2001 I | | | | | | | | |
| | | | | City | FL Zip Code | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register (NOTE | | | | will be \$550 |).00 | DATE 10. Election Campaign Financing Trust Fund Contribution. | | O May Be to Fees | |
| 11. | OFFICERS AND | | 12. | | | DITIONS/CHANGES TO OFFICERS AND | DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEYMAN, LESLIE 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311 | ☐ Delete | | | | LS | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HEYMAN, BONNIE 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311 | ☐ Delete | | | | 000004194 -05/11/01(****150.00 | 926 01019(****1 | □ Addition 302 50.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | N. T. | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | Addition | |
| 13. I hereby of indicated of the cor changed | certify that the information supplied with on this report or supplemental report poration or the receiver or trustee copp, or on an attachment with an authorise. | n this filing does not qualify for Firue and accurate and that m owered to execute this report a with all other like empowered. | the exer ny signat as requir 7 | nption stated ure shall hav red by Chapt | I in Section e the same er 607, Flori | 119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I da Statutes; and that my name appears | rtify that the ir am an officer in Block 11 or | or director Block 12 if | |