

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90159 032 \*\*\*158.75

00666699 AT

**DOCUMENT # F99000006410**

1. Entity Name  
**B.L. OF MIAMI, INC.**



Principal Place of Business  
**5100 W SAHARA AVENUE, 4TH FLOOR  
LAS VEGAS NV 89146**

Mailing Address  
**221 NORTH BUFFALO DRIVE  
SUITE A  
LAS VEGAS NV 89128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **88-0444449**

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

**SALTER, VANCE ESO  
1111 BRICKELL AVENUE, SUITE 2500  
MIAMI BEACH FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **CHAIT, MITCHELL**  
STREET ADDRESS **5100 WEST SAHARA AVENUE, 4TH FLOOR**  
CITY-ST-ZIP **LAS VEGAS NV 89146**

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

TITLE **ST** ☐ Delete  
NAME **CORRIGAN, RYAN**  
STREET ADDRESS **5100 WEST SAHARA AVENUE, 4TH FLOOR**  
CITY-ST-ZIP **LAS VEGAS NV 89146**

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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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mitchell Chait, President**

Date

Daytime Phone #

**4-2-03 702-248-0063**

CR2E034 (10/02)

Attachement

70035469

#F996000006410

**SKLAR WARREN  
CONWAY & WILLIAMS  
LLP**

LAW OFFICES  
221 North Buffalo Drive, Suite A  
Las Vegas, Nevada 89145  
(702) 360-6000 • Fax: (702) 360-0000  
E-Mail: admin@sklar-law.com

April 4, 2003

Florida Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: B.L. of Miami Inc.

Ladies and Gentlemen:

Enclosed is the completed original of the 2003 Uniform Business Report (UBR) for the above-referenced corporation, along with a check in the amount of \$158.75, to cover the filing fee and the Certificate of Status fee. Please file the UBR and return the Certificate of Status to this office in the enclosed self-addressed, stamped envelope.

Please contact us if you have any questions regarding this matter. Thank you for your assistance.

Very truly yours,

*Bertha Katz*

Bertha Katz  
Paralegal

BK:bk  
Enclosures  
cc: Bryan M. Williams, Esq.