

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

04-25-2001 90166 025 ***150.00

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DOCUMENT # P96000046212

1. Entity Name
PYSZKA, BLACKMON, LEVY & MOWERS, P.A.

Principal Place of Business
14750 NW 77TH CT., #300
MIAMI LAKES FL 33016

Mailing Address
14750 NW 77TH CT., #300
MIAMI LAKES FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0671148**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BLACKMON, PHILLIP D
14750 NW 77TH CT
STE 300
MIAMI LAKES FL 33016

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.

SIGNATURE _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D President** ☐ Delete
 NAME **BLACKMON, PHILLIP D JR**
 STREET ADDRESS **14750 NW 77TH CT., #300**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE **D Secretary** ☐ Delete
 NAME **LEVY, BENJAMIN D**
 STREET ADDRESS **14750 NW 77TH CT., #300**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/01

305 512-3737

Daytime Phone #

CR2E034 (5/01)

PYSZKA, BLACKMON, LEVY, MOWERS & KELLEY

ATTORNEYS AT LAW

MIAMI LAKES CORPORATE CENTER
14750 N.W. 77 COURT, SUITE 300
MIAMI LAKES, FL 33016

ESTHER CUE
OFFICE ADMINISTRATOR

DADE (305) 512-3737
BROWARD (954) 489-1449
FAX (305) 512-1253
E MAIL ecue@pblmklaw.com

AUGUST 13, 2001

Florida Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee, Florida 32314


Re: 2001 Uniform Business Report

Dear Sir/Madam:

Enclosed please find a completed form noting the titles of the corporate officers as requested.
It is my understanding this is the only information needed by your department.

Should you have any questions do not hesitate to call me.

Sincerely,



ESTHER CUE
For the Firm