

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028559

1. Entity Name

D.J. BLUMENSTINE, INC.

FILED

Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90070 036 ***150.00

Principal Place of Business

Mailing Address

20401 N.E. 30TH AVE..BLDG #8. APT.216
AVENTURA FL 33180

20401 N.E. 30TH AVE..BLDG #8. APT.216
AVENTURA FL 33180-1547

713015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

x 20725 NE 16 ave

x 20291 NE 30 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A16

#112

City & State

City & State

NORTH MIAMI FL

Aventura FL

4. FEI Number

65-0821376

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

33180

USA

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

BLUMENSTINE, DAVID J
20401 N.E. 30TH AVE..BLDG #8, APT.216
AVENTURA FL 33180

Name

Blumenstine, David J

Street Address (P.O. Box Number is Not Acceptable)

x 20291 NE 30 ave #112

Aventura

City

FL

Zip Code

33180

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

(X)

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 S
NAME BLUMENSTINE, GLADYS
STREET ADDRESS 20401 NE. 30 ST #216
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
x 20291 NE 30 ave #112
Aventura FL 33180

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE P.D
NAME DAVID J. BLUMENSTINE
STREET ADDRESS 20291 NE 30 ave #112
CITY-ST-ZIP AVENTURA FL 33180

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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: (X) Gladys Blumenstine

02.1.00

(305)
654.0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)