

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 517496

1. Entity Name  
BLACKSTONE LEGAL SUPPLIES, INC.



Principal Place of Business

3732 N.W. 16TH STREET  
FORT LAUDERDALE, FL 33311-4132

Mailing Address

3732 N.W. 16TH STREET  
FORT LAUDERDALE, FL 33311-4132

FILED  
05 APR 29 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 No Chg-P CR2E034 (10/03)

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4. FEI Number  
59-1708556

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HEYMAN, LESLIE  
3732 N.W. 16TH ST.  
FT. LAUDERDALE, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEYMAN, LESLIE
STREET ADDRESS	3732 N.W. 16TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	SD
NAME	HEYMAN, BONNIE
STREET ADDRESS	3732 N.W. 16TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900054205199  
05/10/05--01040--007 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #