

2007 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

07 APR 27 AM 9: 09

CLERK OF STATE
TALLAHASSEE, FLORIDA



04202007 No Chg-P CR2E034 (11/05)

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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, 2007 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	

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05/03/07--01011--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #