

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 690568**1. Entity Name  
**BLEJER INDUSTRIES, INC.**Principal Place of Business  
1555 NE 164TH ST.  
N. MIAMI BEACH FL 33162  
Mailing Address  
P.O. BOX 600350  
NO MIAMI BEACH FL 331602. Principal Place of Business  
3530 MYSTIC POINTE DRIVE  
Suite, Apt. #, etc.  
25153. Mailing Address  
P.O. BOX 601135  
Suite, Apt. #, etc.City & State  
AVENTURA FL  
City & State  
NO MIAMI BEACH FLZip  
33180 Country  
Zip  
33160 Country4. FEI Number  
**59-2113072**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BLEJER, LOUIS**  
1555 NE 164TH ST**MIAMI BEACH**  
33162 US

FL

**7. Name and Address of New Registered Agent**Name  
**BLEJER, LOUIS**Street Address (P.O. Box Number is Not Acceptable)  
**3530 MYSTIC POINTE DRIVE**

2515

City  
**AVENTURA****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 \_\_\_\_\_ **01/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
**BLEJER, SIMONE**  
**3530 MYSTIC POINTE DR**  
**AVENTURA FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
**BLEJER, LOUIS**  
**3530 MYSTIC POINTE DR**  
**AVENTURA FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
**BLEJER, SIMONE**  
**3530 MYSTIC POINTE DR**  
**AVENTURA FL 33180** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
**BLEJER, LOUIS**  
**3530 MYSTIC POINTE DR**  
**AVENTURA FL 33180** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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: LOUIS BLEJER**

PD

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)