

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90125 011 \*\*\*150.00

**DOCUMENT # F01000003863**

1. Entity Name  
**BUILDING BLKS, INC.**

Principal Place of Business

6871 ABBOTT AVE., #4  
 MIAMI BEACH FL 33141

Mailing Address

6871 ABBOTT AVE., #4  
 MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~6871 ABBOTT AVE. #4~~  
 Suite, Apt. #, etc.  
**#4**

3. Mailing Address

~~6871 ABBOTT AVE. #4~~  
 Suite, Apt. #, etc.  
**#4**

City & State

~~Miami Beach, FL~~  
 Zip  
**33141**

Country: **USA**

City & State

~~Miami Beach, FL~~  
 Zip  
**33141**

Country: **USA**

4. FEI Number

**65-0988477**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, BARRY**  
 6871 ABBOTT AVE., #4  
 MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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. 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

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 13, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>GORDON, BARRY I</b><br><b>6871 ABBOTT AVE., #4</b><br><b>MIAMI BEACH FL 33141</b>  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>GORDON, ROBERT D</b><br><b>6871 ABBOTT AVE., #4</b><br><b>MIAMI BEACH FL 33141</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>COOPER, LARRY</b><br><b>6871 ABBOTT AVE., #4</b><br><b>MIAMI BEACH FL 33141</b>    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MESTRE, JOSEPH</b><br><b>2451 BRICKELL AVE., 21-E</b><br><b>MIAMI FL 33129</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (4/02)

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 an other like empowered.

SIGNATURE: **SIGNEE: Barry I Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/02 (305) 868-6169**

Attachment

**July 16, 2002**

**Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500**

FDI 000003843  
121939

**To whom it may concern:**

**I had not received the original Uniform Business Report Filing which was due in May 2002.**

**Please waive the late charge as this is the only forms I have received to date.**

**Enclosed is the \$150.00 filing fee.**

**Thank you for your attention.**



**Barry Gordon**

**President**

**Building Blks, Inc.**