2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95647 1. Entity Name BLAKE/SMITH & ASSOCIATES, INC.

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90262 008 ***150.00

2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State Country Country Country Country Country S. Certificate of Status Desired SMTH, JOHN EDWARD TROIT SOUTHWEST 64TH CT. MAMIF L. 33143 City Streat Address of New Registered Agent To Name and Address of New Registered Agent Fig. Register City FL City Streat Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent SMTH, JOHN EDWARD TROIT SOUTHWEST 64TH CT. MAMIF L. 33143 City FL City City FL City FL City City FL City FL City FL City City FL City FL City FL City City FL Ci	Principal Place of Business Mailing Address 7531 S.W. 64TH CT. MIAMI FL 33143 MIAMI FL 33143									UUTU.	a Brill Brill Bri	Si Bigu iBB:	
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Signature Summer and address of Current Registered Agent S. Cartificate of Status Desired \$8.75 Additionul Fee Required Agent S. Cartificate of Status Desired \$8.75 Additionul Fee Required S. Cartificate of Status Desired S. Cartificate S. C	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.									
Zip Country Zip Country 5. Certificate of Status Desired Set 75. Addition Fee Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	City & Stat	te		City & State			4.	4. FEI Number 59-2240287				pplied For	
SIGNATURE SIGNATURE SIGNATURE STEEL ADDRESS OF Normal and Address of New Registered Agent City FL Zip Code Street Address	Zip	*	Country	Zip Country			- -	\$9.75					
SMTH, JOHN EDWARD 7331 SOUTHWEST 64TH CT. MIAMI FL 33143 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Symulus have or present name of registered agent agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax https://decidenterinement and elects to do so. (See criteria on back) 2) Make Check Payable to Department of State 11. 1 OFFICERS AND DIRECTORS 11. 1 OFFICERS AND DIRECTORS SMITH, JOHN EDWARD		6. Name and Address of Current Registered Agent				1		Fee Required					
Street Address (P.O. Box Number is Not Acceptable) 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.													
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 Signature 9. This corporation is elegible to satisfy its Intendigible 172 Time requirement and elects to do so. (See criteria on back) 17. OFFICERS AND DIRECTORS 17. OFFICERS 17. O	7531	SOUTHWI	EST 64TH CT.		Street Address (P.O. Box Number is Not Accept				is Not Acceptab	le)			
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	MLAN	M FL 33143	3										
SIGNATURE Superave typoid or printed name of registered agent and title is applicable. (NOTE Registered Agent signature required when reintaling) DATE 9. This corporation is eligible to satisfy its intangible (See criteria on back) 11.						City		· 		FL	Zip Cod	le	
9. This corporation is eligible to salisfy its Intangible Tax filting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11.		e named entit	y submits this statement for	the purpose of changing its	register	ed office or reg	gistered a	igent, or both,	in the State of F	orida.			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Special to Application Trust Fund Contribution. Special to Application State Trust Fund Contribution. Special to Application State Trust Fund Contribution. Special to Application Special to Application Trust Fund Contribution. Special to Application Special to Applic	SIGNATURE.	Signature typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature re	equired when	reinstating)		DATE			
TITLE NAME SMITH, JOHN EDWARD STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SMITH, ASHLEY-W. 8440 SW 32 TERR. MIAMI FL TITLE NAME SITEET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS	Tax filing requirement and elects to do so After MAY 1, 20					will be \$550.				~	\$5.0 Added	00 May Be	
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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 of supplemental report is true and advance and that my signature shall have the same legal effect as if made under each; that I am an officer or disperse.	NAME STREET ADDRESS CITY-ST-ZIP		7		NAMI STRE CITY-	ET ADDRESS ST-ZIP							

indicated on this report of supplemental report is true and accurrate 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 trestee 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 all attachment with an address, with all of the compowered.

SIGNATURE: