

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90364 019 ***158.75

UBR08/4

DOCUMENT # H09527

1. Entity Name

BLUEPRINT SYSTEMS DESIGN, INC.

Principal Place of Business

3133 SW 25 ST
 200
 PEMBROKE PARK FL 33009
 US

Mailing Address

3133 SW 25 ST
 200
 PEMBROKE PARK FL 33009
 US

816681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6350 SW 35 PLACE

Suite, Apt. #, etc.

3. Mailing Address

6350 SW 35 PLACE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

59-2405018

Applied For

Not Applicable

Zip

Country

33023

USA

Zip

Country

33023

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUYAT, BARBARA J.
6350 SW 35TH PLACE
MIRAMAR FL 33023

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **KUYAT, RONALD D.**
 STREET ADDRESS **6350 SW 35TH PLACE**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **KUYAT, BARBARA J.**
 STREET ADDRESS **6350 SW 35TH PLACE**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

Ronald D. Kuyat
RONALD D. KUYAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/01/2001

Daytime Phone #

954/961-8975

CR2E034 (10/00)