

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90213 010 ***150.00

DOCUMENT # H93954

1. Entity Name

BLANCO INVESTMENTS, INC.

Principal Place of Business

**10120 SW 93RD AVE
MIAMI FL 33176**

Mailing Address

**10120 SW 93RD AVE
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2635297**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCO, FRANCISCO, E.
2333 PONCE DE LEON BLVD.
STE. 650
CORAL GABLES FL 33134**Name **BLANCO, FRANCISCO E.**

Street Address (P.O. Box Number is Not Acceptable)

10120 SW 93rd AvenueCity
MIAMI,**FL**Zip Code
33176

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

1/22/019. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLANCO, FRANCISCO E.
205 E. SAN MARINO DR.
MIAMI BEACH FL 33139** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10120 SW 93rd Avenue
MIAMI, FL 33176** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDTS
BLANCO, MARIA K
205 E. SAN MARINO DR.
MIAMI BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10120 SW 93rd Avenue
MIAMI, FL 33176** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

305-273-5689

Daytime Phone #