## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## Feb 13, 2002 8:00 am K09687 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90177 050 \*\*\*150.00 BLP ASSOCIATES, INC. Principal Place of Business Mailing Address 77% S FLAGMER DR FLÆGLER DR 310 E WEST PADM-BEACH FL 33401 PALM BEACH FL 33401 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0028540 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREGMAN, HOWARD Number is Not Acceptable) 777 S. FLAGLER DR. STE. 310 (EAST) WEST PALM BEACH FL 33401 8. The above named entity sylomity his statement for the p g its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete ☐ Change CR2E034 (9/01 **GOLDSTEIN, GILBERT** NAME NAME 13161 BURGUNDY DR S. STREET ADDRESS STREET ADDRESS PALM BCH. GARDENS FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition SHAPIRO, PAUL NAME NAME 777 S. FLAGLER DR E. STREET ADDRESS STREET ADDRESS W. PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE Change Addition BREGMAN, HOWARD NAME NAME 777 S. FLAGLER DR E. STREET ADDRESS STREET ADDRESS W. PALM BCH. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TIT! F TITLE. WOLDOW, ROBERT NAME NAME 2000 S. OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH. FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE GITTIS, HOWARD NAME NAME 195 VIA DEL MAR STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if