


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90023 004 \*\*\*150.00

DOCUMENT # <del>65113443</del> <b>LD100003310</b>	
1. Entity Name <b>BLINDER USA LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**30052422**

2. Principal Place of Business <b>11000 Prosperity Farms RD</b>	3. Mailing Address <b>← Same</b>
Suite, Apt. #, etc. <b>105</b>	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Palm Beach GARD FLA.</b>	City & State
Zip <b>33410</b>	Country <b>USA</b>

4. FEI Number <b>651131443</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>PAUL E GRUNER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11000 Prosperity Farms Road</b>	
Suite <b>105</b>	
City & State <b>Palm Beach GARD FL</b>	Zip <b>33410</b>

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 	DATE <b>4/8/03</b>
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January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL E. GRUNER</b> <b>11000 Prosperity Farms Road</b> <b>P.B.G. FL. 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/8/03** (54) **627 5188**

Daytime Phone

CR2E034B (12/02)