

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 221961

1. Entity Name

J.E. BLEY OVERSEAS TRADE of
SOUTH FLORIDA INC.



FILED

09 JUN 17 AM 5:36

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

942 PENNSYLVANIA AVE.

3. Mailing Address

942 PENNSYLV. AVE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0166970

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eckhard BLEY

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

942 PENNSYLVANIA AVE # 201

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

B. Bley E. BLEY, PRES. OF INC.

4 - 15 - 09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BLEY, J.E.
942 PENNSYLV. AVE # 205
MIAMI BEACH FL 33139

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

B. Bley E. BLEY, PRES.

4 - 15 - 09 786-287-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-531-0926