

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L48416**

1. Entity Name

BLAWAL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90027 014 ***158.75

Principal Place of Business

Mailing Address

C/O FISHMAN
1455 NW 14 ST
MIAMI FL 33125

C/O FISHMAN
1455 NW 14 ST
MIAMI FL 33125-2000

2. Principal Place of Business

1385 NW 15 ST

3. Mailing Address

1385 NW 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0184009

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. 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

FISHMAN, JACOB
1455 NW 14 ST
MIAMI FL 33125

Name

Fishman, Jacob

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

1385 NW 15 ST

City

Miami

FL

Zip Code

33125

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, 2000 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, ALBERT C.	
STREET ADDRESS	2244 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FISHMAN, JACOB	
STREET ADDRESS	1455 NW 14 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Albert C	
STREET ADDRESS	2244 Fisher Island Dr	
CITY-ST-ZIP	Fisher Island, FL 33109	
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fishman, Jacob	
STREET ADDRESS	1385 NW 15 ST	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	President, AS, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Judith	
STREET ADDRESS	2244 Fisher Island Drive	
CITY-ST-ZIP	Fisher Island, FL 33109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIG

Jacob Fishman, Asst. Sec.

305-545-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)