

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90128 004 ***150.00

DOCUMENT # L52167

1. Entity Name

BLITZ VENTURES, INC.

Principal Place of Business

Mailing Address

1747 VAN BUREN ST.
 SUITE 790
 HOLLYWOOD FL 33020
 US

1747 VAN BUREN ST
 SUITE 790
 HOLLYWOOD FL 33020-5189
 US

2. Principal Place of Business

3. Mailing Address

501 NE 183rd St.

501 NE 183rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

Miami FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0173911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33179

Country USA

Zip 33179

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLITZ, HOWARD
 1747 VAN BUREN ST
 SUITE 790
 HOLLYWOOD FL 33020

Name Blitz, Howard

Street Address (P.O. Box Number is Not Applicable)
 501 NE 183rd St.

City Miami

FL

Zip Code 33179

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.

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	PS	<input type="checkbox"/> Delete
NAME	BLITZ, HOWARD	
STREET ADDRESS	1747 VAN BUREN ST., #790	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLITZ, LAWRENCE	
STREET ADDRESS	1747 VAN BUREN ST. #790	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLITZ, ROBERT	
STREET ADDRESS	1747 VAN BUREN ST. #790	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blitz, Howard	
STREET ADDRESS	501 NE 183 rd St.	
CITY-ST-ZIP	miami, FL 33179	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blitz, Lawrence	
STREET ADDRESS	501 NE 183 rd St.	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blitz, Robert	
STREET ADDRESS	501 NE 183 rd St.	
CITY-ST-ZIP	Miami, FL 33179	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 305 651 3663

CR2E034 (9/99)