

5/15/

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-15-2002 90173 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L52167**

1. Entity Name
BLITZ VENTURES, INC.

RECEIVED
JAN 14 2002
BY:

93781

Principal Place of Business
~~501 NE 183RD ST~~
~~MIAMI FL 33179~~
US

Mailing Address
~~501 NE 183RD ST~~
~~MIAMI FL 33179~~
US

POSTED



2. Principal Place of Business
10031 Pines Blvd.

3. Mailing Address
10031 Pines Blvd.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
STE. 104

Suite, Apt. #, etc.
104

4. FEI Number **65-0173911**
Applied For Not Applicable

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLITZ, HOWARD
~~501 NE 183RD ST~~
~~MIAMI FL 33179~~

7. Name and Address of New Registered Agent
Name **Howard Blitz**
Street Address (P.O. Box Number is Not Acceptable)
10031 Pines Blvd. Ste 104
City **Pembroke Pines** FL Zip Code **33024**

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 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, 2002 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PS BLITZ, HOWARD 501 NE 183RD ST MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			President Howard Blitz 10031 Pines Blvd. Ste. 104 Pembroke Pines FL 33024
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLITZ, LAWRENCE 501 NE 183RD ST MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice President Lawrence Blitz 10031 Pines Blvd., Ste. 104 Pembroke Pines FL 33024
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLITZ, ROBERT 501 NE 183RD ST MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Treasurer Robert Blitz 10031 Pines Blvd., Ste. 104 Pembroke Pines FL 33024
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/10/02** Daytime Phone # **954 8430562**

CR2E034 (9/01)