## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # L68801** 1. Entity Name LAW OFFICES OF ANDREW B. BLASI, P.A. 04-11-2001 90117 038 \*\*\*150.00 Principal Place of Business Mailing Address 20283 STATE ROAD 7 7900 GLADES ROAD SUITE 445 SUITE 300 **BOCA RATON FL 33434 BOCA RATON FL 33498** 3. Mailing Address Principal Place of Business 900 Glades Road DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0189365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 3*434* Name and Address of New Registered Agent . . . 6. Name and Address of Current Registered Agent BLASI, ANDREW B. Street Address 20283 STATE ROAD 7 SUITE 300 BOCA RATON FL 33498 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of re-FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITLE ☐ Delete TITLE BLASI, ANDREW B. NAME STREET ADDRESS 7900 GLADES RD, STE 445 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33434 FL 33434 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

OFFICER OR DIRECTOR