2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000970

1. Entity Name

BLOCH & MINERLEY, P.L.

FILED
01 JAN 16 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
980 N. FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432	980 N. FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432

	2. Principal Place of Business	3. Mailing Address
Street	980 N. FEDERAL HIGHWAY	980 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.	SUITE 412	SUITE 412
City & State	BOCA RATON FL	BOCA RATON FL
Zip	33432	33432
Country	USA	USA

4. FEI Number: 65-0696398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOCH, STUART E 980 N. FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432 →	Name: BLOCH, STUART E Street Address (P.O. Box Number is Not Acceptable): 980 N. FEDERAL HIGHWAY SUITE 412 City: BOCA RATON FL Zip Code: 33432

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOCH, STUART E 6268 VIA PALLADIUM BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003572524--7 -01/24/01--01015--024 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINERLEY, KENNETH L 738 PEACH TREE LANE BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED STUART E. BLOCH 1/11/01 (561)362-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #