

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90127 016 ***158.75

DOCUMENT #
 1. Entity Name *BLANCO ENTERPRISES INC*
P00000008272

Principal Place of Business **Mailing Address**
570 N.E. 171st TERRACE
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business **3. Mailing Address**
570 N.E. 171st TERRACE *570 N.E. 171 TERRACE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
NORTH MIAMI BEACH *NORTH MIAMI BEACH*
Zip **Country** **Zip** **Country**
33162 *33162*

4. FEI Number **Applied For**
APPLIED ☐ **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JUAN MANUEL CASTILLO
570 N.E. 171 TERRACE
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 *Juan M. Castillo*
 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 \$130.00
After MAY 1, 2001 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. PRESIDENT OFFICERS AND DIRECTORS
TITLE *PRESIDENT* ☐ Delete
NAME *JUAN MANUEL CASTILLO*
STREET ADDRESS *570 N.E. 171st TERRACE*
CITY-ST-ZIP *NORTH MIAMI BEACH, FL 33162*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ 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: *Juan M. Castillo* *4/24/2001* *305-644-1101*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)