

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90004 010 \*\*\*150.00

DOCUMENT # P00000040243

1. Entity Name

BLUNT REVIEW, INC.

*(Handwritten initials)*

Principal Place of Business

Mailing Address

10871 NW 25<sup>th</sup> COURT

SUNRISE, FL 33322-2518

**A0074791**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1002613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERIKA BOLIN  
 10871 NW 25<sup>th</sup> COURT  
 SUNRISE, FL 33322-2518

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!**  
**FEE IS \$225.00**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVST  
 ERIKA BOLIN  
 10871 NW 25<sup>th</sup> COURT  
 SUNRISE, FL 33322-2518 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Handwritten signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/08/01 (954) 344-5757

Date

Daytime Phone #

CR2E037 (11/00)

Attachment  
A0074791

## PROSAVVY INC.

ACCOUNTANTS & CONSULTANTS

COMPLETE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

June 11, 2001

Florida Department of State  
- Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Blunt Review, Inc.  
Form: 2001 Uniform Business Report  
Document # P 00000040243

To Whom It May Concern:

We have been retained by the above referenced taxpayer recently.

During our initial interview with the taxpayer it was discovered that **they had not received** the Florida's 2001 Uniform Business Report; therefore, they had not filed it.

Please find enclosed a properly completed 2001 Uniform Business Report and taxpayer's check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. Blunt Review did not receive nor were they aware of an annual renewal.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,

*J. Reiter*

J. Reiter

Managing Principal

Encl.: 2001 Uniform Business Report