

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000046488**1. Entity Name  
**BLESSED REMODELING INC.****Principal Place of Business**

1240 N.E. 206TH STREET

MIAMI  
33179

FL

**Mailing Address**

1240 N.E. 206TH STREET

MIAMI  
33179

FL

**2. Principal Place of Business****3. Mailing Address**

1490 W 49 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 590

City &amp; State

City & State  
HIALEAH

FL

Zip

Country

Zip

Country

33012

**4. FEI Number****65-1002930**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BALLESTEROS NANCY**  
1240 N.E. 206TH STREETMIAMI  
33179

FL

**7. Name and Address of New Registered Agent**

Name

**BALLESTEROS FRANCISCO R**Street Address (P.O. Box Number is Not Acceptable)  
1240 N.E. 206TH STREETCity  
MIAMI

FL

Zip Code  
33179

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 **FRANCISCO R. BALLESTEROS****01/16/2001**

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 \$150.00****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. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	<b>BALLESTEROS NANCY</b>	
STREET ADDRESS	1240 N.E. 206TH STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BALLESTEROS FRANCISCO</b>	
STREET ADDRESS	1240 N.E. 206TH STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANCISCO R. BALLESTEROS**

PD

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)