

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90128 050 ***150.00

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DOCUMENT # P00000060848

1. Entity Name

BLUE EAGLE PROPERTIES, INC.

Principal Place of Business

21309 POWERLINE ROAD
SUITE 309
BOCA RATON FL 33433

Mailing Address

21309 POWERLINE ROAD
SUITE 309
BOCA RATON FL 33433

2. Principal Place of Business

21301 POWERLINE ROAD

3. Mailing Address

21301 POWERLINE ROAD

Suite, Apt. #, etc.

SUITE 309

Suite, Apt. #, etc.

SUITE 309

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-1023708

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name: ROBERT D. SOIFER
Street Address (P.O. Box Number is Not Acceptable): 21301 POWERLINE ROAD, SUITE 309
City: BOCA RATON FL Zip Code: 33433

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: *Robert D. Soifer, Pres.*
Signature, typed or printed name of registered agent and title if applicable.

ROBERT D. SOIFER, PRES. 4/25/01
(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	D	<input type="checkbox"/> Delete
NAME	SOIFER, ROBERT D	
STREET ADDRESS	21309 POWERLINE ROAD SUITE 309	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, ROBERT W	
STREET ADDRESS	21309 POWERLINE ROAD SUITE 309	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOIFER, ROBERT D.	
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 309	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, ROBERT W.	
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 309	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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
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: *Robert D. Soifer, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 561/408-8882
Date Daytime Phone #

CR2E034 (10/00)