

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073440

i. Entity Name

BLACKROCK INVESTMENTS INC

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90043 002 ***150.00

Principal Place of Business

Mailing Address

2901 FLORIDA AVE SUITE 5
COCONUT GROVE FL 33133

A0051500

2. Principal Place of Business

2901 FLORIDA AVE

Suite, Apt. #, etc.

PH 5

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

651038066

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

7. Name and Address of New Registered Agent

Name

RICHARD V. CACERES

Street Address (P.O. Box Number is Not Acceptable)

2901 FLORIDA AVE

PH 5

City

COCONUT GROVE

FL

Zip Code

33133

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

RICHARD V. CACERES

4/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP + DIRECTOR
NAME ARTHUR W. ATHANAS
STREET ADDRESS 5253 SW 118 AVE
CITY-ST-ZIP COOPER CITY FL 33330

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD V. CACERES

Date

4/10/01 (305)444-0530

Daytime Phone #