

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099557

1. Entity Name  
**BLINDS BY VIVIANA, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90339 040 \*\*\*150.00

Principal Place of Business  
**9195 FONTAINEBLEAU BLVD., UNIT 3  
MIAMI FL 33172**

Mailing Address  
**9195 FONTAINEBLEAU BLVD., UNIT 3  
MIAMI FL 33172**

**U0054575**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9195 Fontainebleau Blvd**  
(Suite, Apt. #, etc.)  
**3**

3. Mailing Address  
**9195 Fontainebleau Blvd**  
(Suite, Apt. #, etc.)  
**3**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33172**

Country  
**DADE**

Zip  
**33172**

Country  
**DADE**

4. FEI Number  
**05-1049941**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**VALDES, VIVIAN  
9195 FONTAINEBLEAU BLVD., UNIT 3  
MIAMI FL 33172**

7. Name and Address of New Registered Agent  
Name  
**Valdes Vivian**  
Street Address (P.O. Box Number is Not Acceptable)  
**9195 Fontainebleau Blvd #3**  
City  
**MIAMI** FL Zip Code  
**33172**

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 \_\_\_\_\_)

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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VALDES, VIVIAN</b>		NAME		
STREET ADDRESS	<b>9195 FONTAINEBLEAU BLVD., UNIT 3</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI FL 33172</b>		CITY - ST - ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VALDES, JUAN J</b>		NAME		
STREET ADDRESS	<b>9195 FONTAINEBLEAU BLVD., UNIT 3</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI FL 33172</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *Vivian Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001  
Date

Daytime Phone #

CR2E034 (10/00)