

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002880

1. Entity Name

BLACKWELL PLACE INVESTMENTS, INC.

660076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2485 E. Sunrise Blvd.		3. Mailing Address 2485 E. Sunrise Blvd.	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33304	Country Broward	Zip 33304	Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1067821	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P/D Levin, Norman A. 2485 E. Sunrise Blvd; #206 Ft. Lauderdale, FL 33304
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(954) 567-8007

Daytime Phone #

CR2E034B (12/01)