

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90115 039 \*\*\*150.00

DOCUMENT # **P01000009964**

1. Entity Name

**THE BLIND STORE INTERNATIONAL CORP**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2635 DUNWOODIE PI**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HONESTEAD, FL**

City & State

4. FEI Number

**65-1072255 171912**

Applied For

Not Applicable

Zip

**33035**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**MARIA GARAY**

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

**2635 DUNWOODIE PI**

City

**HONESTEAD**

**FL**

Zip Code

**33035**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/2/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT  
MARIA GARAY  
2635 DUNWOODIE PI  
HONESTEAD, FL 33035**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/03**

Date

**(305) 230-9266**

Daytime Phone #

CR2E034B (12/02)

Attachment#

80144562

PD1000009964

**THE BLIND STORE INTERNATIONAL CORP**

2635 DUNWOODIE PL., HOMESTEAD, FL 33035

TEL: (305) 903-7784 \* FAX: (305) 230-9267

E-MAIL: direint@aol.com

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT

7/17/03

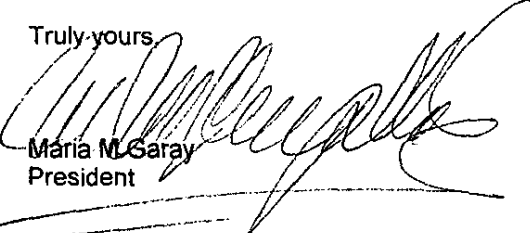
To whom it may concern:

I just received your notice, but my Corporation, THE BLIND STORE INTERNATIONAL CORP never received a prior notice, so I understand I should not pay penalties.

Enclosed please find a check for the amount of \$150.00

I would like to have an electronic code, so I can start filing on line.

Truly yours

  
Maria M. Garay  
President