

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90010 020 ***150.00

DOCUMENT # P01000052399

1. Entity Name
BLADES OF GRASS, INC.

Principal Place of Business

7492 NW 169 LANE
 MIAMI FL 33015

Mailing Address

7492 NW 169 LANE
 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15476 NW 77ct / 15476 NW 77ct
 Suite, Apt. #, etc. #413 / #413

City & State
 Miami

City & State
 Miami Lakes, FL

Zip
 FL

Country
 USA

Zip
 33016

Country
 USA

4. FEI Number
 65-1108474

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMADOR, HUMBERTO
 7492 NW 169 LANE
 MIAMI FL 33015

Name Joseph Lease
 Street Address (P.O. Box Number is Not Acceptable)
 7472 NW 169 Ln
 City Miami FL Zip Code 33015

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, 2002 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 D
 NAME AMADOR, HUMBERTO
 STREET ADDRESS 7492 NW 169 LANE
 CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE VP/S
 NAME Helen Lease
 STREET ADDRESS 7472 NW 169 Ln
 CITY-ST-ZIP Miami, FL 33015 ☐ Change ☒ Addition

TITLE P/T
 NAME LEASE, JOE
 STREET ADDRESS 7492 NW 169 LANE
 CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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

4/26/2002 305-458-3500
 Date Daytime Phone #

CR2E034 (9/01)