

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90175 032 \*\*\*150.00

**DOCUMENT # P02000009556**

1. Entity Name  
**BLANKET STATEMENT, INC.**



Principal Place of Business  
**404 N.W. 26TH STREET  
MIAMI FL**

Mailing Address  
**404 N.W. 26TH STREET  
MIAMI FL**



2. Principal Place of Business  
**400 NW 26th Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**400 NW 26th St**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**  
Zip  
**33127**  
Country  
**USA**

City & State  
**Miami FL**  
Zip  
**33127**  
Country  
**USA**

4. FEI Number  
**01-0584916**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name  
**Daniel Zelonker**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 NW 26 St.**  
City  
**Miami FL** Zip Code  
**33127**

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

**2/12/03**  
(NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D BONILLA, RICHARD 404 N.W. 26TH STREET MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZELONKER, DANIEL 404 N.W. 26TH STREET MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MENZER, STEPHEN 404 N.W. 26TH STREET MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D and President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>400 NW 26 Street Miami FL 33127</b>	
<b>D and Vice President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>400 NW 26 Street Miami FL 33127</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Daniel Zelonker** **2/12/03** **(305) 574-2211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)