

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-10-2003 90158 034 ***150.00

DOCUMENT # P02000131929



1. Entity Name
BLING BLING FAMILY PRODUCTION, INC.

Principal Place of Business
**14810 N SPUR DRIVE
MIAMI FL 33160**

Mailing Address
**14810 N SPUR DRIVE
MIAMI FL 33160**

55038464



14000 West Dixie Hwy

2. Principal Place of Business

14000 West Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

14810 N Spur Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

04-375 5362

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

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

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

SIGNATURE

Jackson S. L...

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

(NOTE: Registered Agent signature required when reinstating)

April 8, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMILIEN, JACKSON 14810 N SPUR DRIVE MIAMI FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMILIEN JACKSON 14810 N Spur Dr. MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2. 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLYN, MERCITA 14810 N SPUR DRIVE MIAMI FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANKLYN MERCITA 14810 N Spur Dr. MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2. 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADET, DANIE 14810 N SPUR DRIVE MIAMI FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CADET DANIE 14810 N Spur Dr. MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2. 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2003 (786) 346 98 77

Date

Daytime Phone #

CR20034 (10/02)