

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000012784 (3)

1. Corporation Name

BLIND 2000, INC.



Principal Place of Business

Mailing Address

1832-A N. UNIVERSITY DR.  
PLANTATION FL 33322  
US

1832-A N. UNIVERSITY DR.  
PLANTATION FL 33322  
US

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1405 SW 2nd Ave

26 777 Riverside Dr. Suite 1521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite # 1521

City & State

City & State

23 Ft. Lauderdale FL

28 Coral Springs FL 33

Zip

Country

Zip

Country

24 33315

25 USA

29 33071

30 USA

4. FEI Number

65-0391310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONDELLI, PATRIZIA  
1832-A N. UNIVERSITY DR.  
PLANTATION FL 33322

81 Name

Rondelli, PATRIZIA

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

777 Riverside Dr.

83

#1521

84 City

Coral Springs

FL

85 Zip Code

33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RONDELLI, PATRIZIA  
STREET ADDRESS 1832-A N. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL

TITLE V ☐ DELETE

NAME RONDELLI, EVALDO  
STREET ADDRESS 1832-A N. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

777 Riverside Dr. Suite 1521  
Coral Springs, FL 33071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

777 Riverside Dr. Suite 1521  
Coral Springs, FL 33071

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 423-9778

CR2E034 (12/95)