

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

200

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90100 017 \*\*\*150.00

**DOCUMENT #** P93000016685

**1. Entity Name**

BLANTREE INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
3575 NE 207 St

**3. Mailing Address**

Suite, Apt. #, etc.  
A15

Suite, Apt. #, etc.

City & State  
AVENTURA FL

City & State

Zip Country  
33180 USA

Zip Country

**4. FEI Number**  
65-0397153

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Kraft, Sharon

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

ABC BOOKKEEPING SERVICE

4435 SW 26th Avenue

City Lauderdale

FL Zip Code 33312

**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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	FALLAS, MICHAEL	19500 TURNBERRY WAY	AVENTURA FL 33180

**DO NOT WRITE  
IN THIS SPACE**

CR2F034R (12/01)

**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 on an attachment with an address, with an other like empowered.**

**SIGNATURE:**

*Michael Falls*

Michael Falls

(954) 966 8083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #