

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061434

1. Entity Name

LAURENCE L. BLUEROCK & ASSOCIATES, INC.

Principal Place of Business

11236 STATE ROAD 84
DAVIE FL 33325

Mailing Address

11236 STATE ROAD 84
DAVIE FL 33325

2. Principal Place of Business

11366 STATE RD 84

Suite, Apt. #, etc.

3. Mailing Address

11366 STATE RD 84

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0509158

Applied For

Not Applicable

Zip

33325

Country

BROWARD

Zip

33325

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUEROCK, LAURENCE L
11236 STATE ROAD 84
DAVIE FL 33325

Name

Laurence L. Bluerock

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

11366 STATE ROAD 84

City DAVIE

FL

Zip Code

33325

7. Name and Address of New Registered Agent

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, 2001 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

TITLE D ☐ Delete
NAME BLUEROCK, LAURENCE L
STREET ADDRESS 8612 NW 83RD STREET
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90119 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)