

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006716

1. Entity Name

BLACKSTONE ASSET MANAGEMENT INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90039 049 ***150.00

Principal Place of Business

Mailing Address

7900 NW 36TH STREET ATT: LUIS ARIAS
 MIAMI FL 33166
 US

7900 NW 36TH STREET ATT: LUIS ARIAS
 MIAMI FL 33166
 US

2. Principal Place of Business

3. Mailing Address

11600 N.W. 34TH STREET
 Suite, Apt. #, etc.

11600 N.W. 34TH STREET
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0554199

Applied For

Not Applicable

Zip

Country

33178

USA

Zip

33178

Country

USA

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

FINK, BRIAN ESQ
 CATLIN, SAXON, TUTTLE & EVANS, P.A.
 169 EAST FLAGLER STREET, #1700
 MIAMI FL 33131

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME ARIAS, LUIS
 STREET ADDRESS 7900 NW 36TH STREET
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE PSTD
 NAME LUIS ARIAS
 STREET ADDRESS 11600 N.W. 34TH STREET
 CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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: x

LOUIS ARIAS

x

5-01-00 305-639-9590

Date

Daytime Phone #

CR2E034 (9/99)