

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011500

1. Entity Name

BLACKSTONE COMMUNICATIONS COMPANY

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

05-22-2000 90039 048 ***150.00

Principal Place of Business

Mailing Address

7900 NW 36TH ST
2ND FL
MIAMI FL 33166
US

7900 NW 36TH ST
2ND FL
MIAMI FL 33166-6604
US

2. Principal Place of Business

11600 N.W. 34TH STREET

3. Mailing Address

11600 N.W. 34TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0554483

Applied For

Not Applicable

Zip

33178

Country

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS ROGER ALTER
CITY-ST-ZIP 11600 N.W. 34TH STREET
MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Luis Arias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS ARIAS

5-01-00 305-639-9590

Date

Daytime Phone #

CR2E034 (9/99)