

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063194

1. Entity Name
BLADEL INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90009 018 ***150.00

Principal Place of Business 17590 SW 29 CT MIRAMAR FL 33029 US	Mailing Address 17590 SW 29 CT MIRAMAR FL 33029-5574 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4920 NW 79 AVENUE Bldg 6 # 104 MIAMI, FL Zip USA	3. Mailing Address 4920 NW 79 AVENUE Bldg 6 # 104 MIAMI, FL Zip USA
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4. FEI Number 65-0603222	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BALCAZAR, BLANCA A
17590 SW 29 CT
BLDG 18 #110
MIRAMAR FL 33029

7. Name and Address of New Registered Agent
Name **BALCAZAR, BLANCA A**
Street Address (P.O. Box Number is Not Acceptable)
4920 NW 79 AVENUE
Bldg 6 # 104
City **MIAMI** FL Zip Code **33166**

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]* *[Signature]* **4/5/00**
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALCAZA, BLANCA A 17590 SW 29TH CT MIRAMAR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALCAZAR, BLANCA A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4920 NW 79 AVENUE, Bldg 6 # 104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* *[Signature]* **4/5/2000 305 436 2836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)