

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029190

1. Entity Name

BLOCK 41ST STREET, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90081 032 ***150.00

UUU17763



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1048 KANE CONCOURSE
SUITE 2B
BAY HARBOR FL 33154

Mailing Address
1048 KANE CONCOURSE
SUITE 2B
BAY HARBOR FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0668730**

Applied For
Not Applicable

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

GODINSKY, SETH
1048 LANE CONCANE
SUITE 28
BAY HARBOR FL 33154

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADINSKY, SETH 1048 KANE CONCOURSE SUITE 2B BAY HARBOR FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

Daytime Phone #

CR2E034 (10/00)