2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P9700006616 ELENA C. BLUNTZER P.A. 01-26-2001 90084 026 ***150.00 Principal Place of Business Mailing Address 7901 SW 57 CT 7901 SW 57 CT SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #; etc. City & State City & State 4. FEI Number Applied For 65-0726251 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent... 7. Name and Address of New Registered Agent Name **BLUNTZER. CHRISTOPHER J** Street Address (P.O. Box Number is Not Acceptable) 7901 SW 57 CT SOUTH MIAMI FL 33143 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CVP Addition Delete TITLE TITLE **BLUNTZER, CHRISTOPHER J** NAME 7901 S.W. 57 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SOUTH MIAMI FL 33143** CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE BLUNTZER, ELENA C NAME NAME 7901 SW 57 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CHRISTOPHOR BLUNTZON

305-667-8644

☐ Change

Addition

Davlime F