

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90304 026 ***150.00

DOCUMENT # P97000035819

1. Entity Name
BLA AUTOMOTIVE, INC.

Principal Place of Business

9160 SW 56TH ST.
COOPER CITY FL 33328

Mailing Address

9160 SW 56TH ST.
COOPER CITY FL 33328

2. Principal Place of Business

1875 N.W. 76th Way

Suite, Apt. #, etc.
Pembroke Pines, FL

City & State

3. Mailing Address

1875 N.W. 76th Way

Suite, Apt. #, etc.
Pembroke Pines, FL

City & State

4. FEI Number

65-0748081

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLOUNT, BRIAN
11175 SW 17TH MANOR
DAVIE FL 33324

7. Name and Address of New Registered Agent


Name **Brian Blount**

Street Address (P.O. Box Number is Not Acceptable)

1875 NW 76th Way

City **Pembroke Pines** **FL** **Zip Code** **33024**

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  **Brian Blount President**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS


TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, BRIAN	
STREET ADDRESS	C/O 11175 SW 17 MANOR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, LAUREN	
STREET ADDRESS	C/O 11175 SW 17 MANOR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Blount	
STREET ADDRESS	C/O 1875 NW 76th Way	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lauren Blount	
STREET ADDRESS	C/O 1875 NW 76th Way	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

 **Brian Blount President** **4/7/02** **954-961-8464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)