

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 034 ***150.00

DOCUMENT # P97000077559

1. Entity Name
BLANKA BEN-JACOB, INC.

Principal Place of Business
5906 BAYVIEW CIRCLE
ST. PETERSBURG FL 33707

Mailing Address
5906 BAYVIEW CIRCLE
ST. PETERSBURG FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466710**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BEN-JACOB, BLANKA
5906 BAYVIEW CIRCLE
ST. PETERSBURG FL 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Blanka Ben-Jacob*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
DP
BEN-JACOB, BLANKA
5906 BAYVIEW CIRCLE
ST. PETERSBURG FL 33707

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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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:

ORIGINAL SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
B#291000071559
B0132666

**Nick Ben-Jacob Architect, Inc.-
&
Blanka Ben-Jacob, Inc.
5906 Bayview Circle
St. Petersburg, Florida 33707**

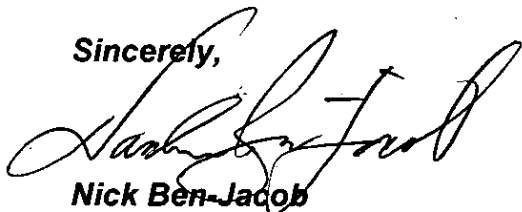
July 23, 2002

**Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500**

Dear Sir/Madam:

I am writing this letter in regard to the 2002 Uniform Business Report. We did not receive either corporation report. We are asking you to please accept our checks for \$ 150.00 each, as we have always sent these reports timely in the past. Please understand that we would not have intentionally remitted the original report if we had received it. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nick Ben-Jacob', written over the printed name.

Nick Ben-Jacob