

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018679

1. Entity Name

BLACKWIND, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90100 045 ***158.75

Principal Place of Business

Mailing Address

7911 NW 21ST ST
MIAMI FL 33122

% C/O RICHARDS. ATTORNEYS AT LAW
2665 SOUTH BAYSHORE DRIVE. SUITE 703
MIAMI FL 33133-5401

2. Principal Place of Business

2999 N E 191st.

3. Mailing Address

2999 N E 191st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH2

PH2

City & State

City & State

Aventura, FL

Aventura, FL

Zip

Country

Zip

Country

33180

USA

33180

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

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, 2000 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 AS ☒ Delete
NAME RICHARDS, TIMOTHY D
STREET ADDRESS 2665 S BAYSHORRE DR., STE703
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☐ Change ☒ Addition
NAME Herb Seltzer
STREET ADDRESS 505 Park AV. NY, NY 10022
CITY-ST-ZIP

TITLE DPS ☐ Delete
NAME PEISACH, JAIME
STREET ADDRESS 7911 NW 21ST ST
CITY-ST-ZIP MIAMI FL 33122

TITLE DPS ☒ Change ☐ Addition
NAME Peisach, Jaime
STREET ADDRESS 2999 N E 191st. PH2 Aventura, FL 33180
CITY-ST-ZIP

TITLE DVPT ☐ Delete
NAME PEISACH, CHERYL
STREET ADDRESS 7911 NW 221ST ST
CITY-ST-ZIP MIAMI FL 33122

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cheryl Peisach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

305-785-1022

Date

Daytime Phone #