

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034559

1. Entity Name
MR. BLINDS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 035 ***158.75

Principal Place of Business

Mailing Address

605 NW 53RD AVENUE
A8B
GAINESVILLE FL 32605

605 NW 53RD AVENUE
A8B
GAINESVILLE FL 32605

656916



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 **59-3150585**

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

UZCATEGUI, EDGAR
605 NW 53RD AVE
GAINESVILLE FL 32605

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, 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 **D** ☐ Delete
NAME **UZCATEGUI, EDGAR**
STREET ADDRESS **3712 N.W. 97TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Edgar Uzcategui
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 **352**
367-9002

CR2E034 (10/00)

Attachment

656916

~~DOC# P99000034559~~

Mr. Blinds, Inc.

605 N.W. 53rd Ave. Suite A8b - Gainesville, FL. 32605
Ph (352) 367-9002 Fax (352) 367-0910

Gainesville, 05-03-01

Florida Department Of State
Division Of Corporations
Uniform Business Report Filings

Dear Srs.

With this letter I am apologizing for returning this form in this condition and at this time.

The reason been is that the Mail-Men that is in charge of emptying our mail boxes in our business center had dropped this enveloped without noticing it and leaving it on the ground. A neighbor had picked it up and delivered to my office on May 2nd.

I hope that you can accept it and realize that this was not something that I could have prevented.

Again I ask you to please accept my apology and accept my payment at this time.

If you have any questions, please do not hesitate in calling me.

Sincerely yours;



Edgar Uzcatégui