

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055708

1. Entity Name

BLR FINANCIAL SERVICES, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90021 035 ***150.00

Principal Place of Business

6800 BIRD ROAD
SUITE 650
MIAMI FL 33155

Mailing Address

6800 BIRD ROAD
SUITE 650
MIAMI FL 33155-3708

2. Principal Place of Business

6800 BIRD Road
Suite, Apt. #, etc.
#650
City & State
MIAMI, FL
Zip
33155
Country
USA

3. Mailing Address

6800 BIRD Road
Suite, Apt. #, etc.
#650
City & State
MIAMI, FL
Zip
33155
Country
USA

00015565



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-092-8202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

FIDLIN, JAMES W
6800 BIRD ROAD
SUITE 650
MIAMI FL 33155

7. Name and Address of New Registered Agent

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 \$350.00
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	PSTD FIDLIN, JAMES W 6800 BIRD ROAD, SUITE 650 MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James W Fidlín Pres. 1/5/00 305.5534380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)