

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p9900007-0565**
 1. Entity Name
Blind Warehouse

FILED
Jul 07, 2000 8:00 am
Secretary of State
 07-07-2000 90460 015 ***150.00

Principal Place of Business
8550 SW 56 ST
MIAMI FL 33155

Mailing Address
8550 SW 56 ST
MIAMI, FL 33155

2. Principal Place of Business
8550 SW 56 ST
 Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country
USA

3. Mailing Address
8550 SW 56 ST
 Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country
USA

00068605

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JULIO SUAREZ
8550 SW 56 ST.
MIAMI FL 33155

4. FEI Number
65-0946771

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Julio E. Suarez** (NOTE: Registered Agent signature required when reinstating)

DATE **6-29-00**

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

TITLE DP	<input type="checkbox"/> Delete
NAME JULIO E. SUAREZ	
STREET ADDRESS 8550 SW 56 ST	
CITY-ST-ZIP MIAMI, FL 33155	
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	<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: **Julio E. Suarez** Date **6-29-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)

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100068605

To whom it may concern:

My name is Julio Suarez owner of Blind Warehouse, and in business for the first time.

I first found out about the Uniform Business Fee about two (2) weeks ago from a friend in business also for the first time. I call your office immediately to get the paperwork.

One of your employees told me to write you a letter explaining the reason why I have not pay the fee yet. He also told me that they will consider not charging me the late fee.

I sincerely hope that you would consider this. This is my first time in business and I'm finding out more and more things that I did not expect or plan for. I was told that this forms were mailed out, but I never received such form.

my sincere apology
Julio Suarez

