2001 UNIFORM BUSINESS REPORT (UBR)

03-13-2002 90011 012 ***550.00
P99000079565
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -1 PM 4:00

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DOCUMENT # P99000079565

1. Entity Name
BLIND WAREHOUSE, INC.

Principal Place of Business	Mailing Address
8550 SW 56TH ST. MIAMI FL 33155	8550 SW 56TH ST. MIAMI FL 33155

REINSTATEMENT — DO NOT WRITE IN THIS SPACE 01-02

2. Principal Place of Business		3. Mailing Address	
7720 Camino Real		7720 Camino Real	
Suite, Apt. #, etc.: Apt # E 107		Suite, Apt. #, etc.: Apt # E 107	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33143	Country: USA	Zip: 33143	Country: USA

4. FEI Number 65-0946771 ☐ Applied For ☐ Not Applicable

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
SUAREZ, JULIO E 8550 SW 56TH ST. MIAMI FL 33155	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] DATE 02-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 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 SUAREZ, JULIO E 8550 SW 56TH ST. MIAMI FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700005292047--0 -04/18/02--01021--006 ****350.00 ****350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: [signature] 02-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #