

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 86635

1. Entity Name

BLOND GIRAFFE, INC

Principal Place of Business

1209 TRUMAN AVE
KEY WEST, FL 33040
MONROE COUNTY

Mailing Address

PO BOX 1327
KEY WEST, FL 33041
MONROE COUNTY

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650951162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 OCT 15 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME: KALKAS, MARTTI
RA ADDR : 121 SE 1ST ST.
(SUITE 810)
MIAMI, FL 33131 US

Name BENTO R. MADEIRA

Street Address (P.O. Box Number is Not Acceptable)

629 DUVAL ST.

City KEY WEST

FL

Zip Code 33040

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)

10/12/01

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TANIA A. BEGUINATI ☐ Change ☒ Addition
1205 TRUMAN AVE
KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

BENTO ROBERTO M. MADEIRA ☐ Change ☒ Addition
1205 TRUMAN AVE
KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

400004659764-3 ☐ Change ☐ Addition
-10/30/01--01088--020
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Tania A. Beguinati

TANIA A. BEGUINATI

10/12/01 (305) 2939296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 2001

VASDU CONSTRUCTION INC.
2264 SW 7TH ST
MIAMI, FL 33135

SUBJECT: VASDU CONSTRUCTION INC.
Ref. Number: P00000102305

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Corrected

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 801A00055761