

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S70113

1. Corporation Name

SUBIES BLANDINGS, INC.

Principal Place of Business

8384 BAYMEADOWS ROAD  
#1113  
JACKSONVILLE FL 33256  
US

Mailing Address

501 GOLDEN ISLES  
#206C  
HALLANDALE FL 33009  
US

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90033 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1991

4. FEI Number

65-0282967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 410 E. HALLANDALE

27 HALLANDALE FL 33009

28 Zip Country

29 33009 30 USA

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI  
501 GOLDEN ISLES DR  
#206C  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name BARTSOCAS, KIKI

82 Street Address (P.O. Box Number is Not Acceptable) 410 E. HALLANDALE #201

83 HALLANDALE FL

84 City Hallandale FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE  
NAME BARTSOCAS, KIKI  
STREET ADDRESS 413 POINCIANA DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE  
NAME BARTSOCAS, GUS  
STREET ADDRESS 413 POINCIANA DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVP ☐ DELETE  
NAME BARTSOCAS, PERRY  
STREET ADDRESS 8384 BAYMEADOWS RD #11B  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVP ☐ DELETE  
NAME BARTSOCAS, JOHN  
STREET ADDRESS 8355 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY/TREASURER ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

954-456-3131

Daytime Phone #

CR2E034 (11/98)