2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rechanged, or on an attachme

SIGNATURE: _

t with a

with all other like empowered

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # \$71951** 1. Entity Name BLR MANUFACTURING CORP. 04-16-2001 90249 045 ***150.00 Principal Place of Business Mailing Address 3330 S W 13 AVE 3330 S W 13 AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 ้บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0286631 Not Applicable Zip - - ^ -Country -- Zip -----\$8.75 Additional ----5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA. LAZARO Street Address (P.O. Box Number is Not Acceptable) 3330 S W 13 AVE FT LAUDERDALE FL 33315 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PS TITLE Change ☐ Addition ☐ Delete RIVERA, LAZARO NAME NAME STREET ADDRESS 3330 S W 13 AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F ARRIETA, RUBEN NAME NAME 3330 S W 13 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ FT LAUDERDALE FL-CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental year of its 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 the same legal effect as if made under oath; that I am an officer or director the same legal effect as if made under oath; that I am an officer or director the same legal effect as if made under oath; that I am an officer or director the same legal effect as if made under oath; that I am an officer or director that I am an offic I hereby certify that the information sur indicated on this report or supplement.