## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V14890** Apr 21, 2000 8:00 am Secretary of State B & L VENTURE, INC. 04-21-2000 90094 007 \*\*\*150.00 Principal Place of Business Mailing Address 1920 E. HALLANDALE BCH. BLVD 1920 E. HALLANDALE BCH BLVD SUITE 906 SUITE 906 HALLANDALE FL 33009 HALLANDALE FL 33009-4722 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0313952 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_ LIPSON, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE FL 33009 Zip Code City 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. DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE ARTHUR E. LIPSON LIPSON, ARTHUR NAME NAME 1920 E. HALLLANDALE BEACH BLVD. SUITE 906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLLANDALE FL 33009 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filed indicated on this report or supplemental report is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered thanged, or on an attachment with an address, with all of

SIGNATURE: