

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002898

1. Entity Name

THE BLUE ANGEL BENEFIT FUND, INC.

FILED

May 20, 2002 8:00 am  
Secretary of State

05-20-2002 90072 012 \*\*\*\*61.25

Principal Place of Business

15245 MYRTLE STREET  
DADE CITY FL 33523

Mailing Address

15245 MYRTLE STREET  
DADE CITY FL 33523

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

59-3720718

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

JUAREZ, AURORA M  
15245 MYRTLE STREET  
DADE CITY FL 33523

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JUAREZ, AURORA M  
STREET ADDRESS 15245 MYRTLE STREET  
CITY-ST-ZIP DADE CITY FL 33523

☐ Delete

TITLE D  
NAME Beatriz Valadez  
STREET ADDRESS 38940 Patti Lane  
CITY-ST-ZIP Dade City FL 33523

☐ Change ☒ Addition

TITLE TD  
NAME MEZA-HARRIS, ROSALINDA  
STREET ADDRESS 18803 MISTY SHORES LANE  
CITY-ST-ZIP LUTZ FL 33549

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME ALEXANDER, MARTHA  
STREET ADDRESS 13375 WILLINGHAM LOOP  
CITY-ST-ZIP DADE CITY FL 33525

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME JARAMILLO, TOMASA  
STREET ADDRESS 37810 CRYSTAL WAY  
CITY-ST-ZIP DADE CITY FL 33523

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CALDERON, VERONICA  
STREET ADDRESS 37712 HENDLEY AVENUE  
CITY-ST-ZIP DADE CITY FL 33525

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME JUAREZ, RACHEL G  
STREET ADDRESS 15049 BYRON STREET  
CITY-ST-ZIP DADE CITY FL 33523

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aurora M. Juarez

April 29, 2002

352-521-0351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)