

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90781 040 ****70.00

DOCUMENT # N26074

1. Entity Name

LIGHT UP MIAMI, INC.

Principal Place of Business

Mailing Address

**100 N. BISCAYNE BLVD
SUITE #1401
MIAMI FL 33131
US**

**915 N 1ST AVE
L-106
MIAMI FL 33132
US**

2. Principal Place of Business

3. Mailing Address

100 N. BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1401

City & State

City & State

MIAMI FL.

Zip

Country

33132

Zip

Country

33132

4. FEI Number

65-0072143

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **BATISTA, CARLOS**
CITY-ST-ZIP **915 N 1ST AVE, APT L-106**
MIAMI FL 33132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **613 OCEAN DRIVE, UNIT 11-C**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ALVARINO, DIXON**
CITY-ST-ZIP **141 N.E 3RD AVE #201**
MIAMI FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HARRIS, JEFFREY**
CITY-ST-ZIP **2412 SW 16TH AVE.**
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **COURTNEY, HENRY**
CITY-ST-ZIP **201 S BISCAYNE BLVD STE 3130**
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CORPORATION INFORMATION SERVICES, INC.
CARLOS BATISTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
Date

(305) 375-9100
Daytime Phone #

CR2E037 (9/01)