

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26074**

1. Entity Name  
**LIGHT UP MIAMI, INC.**



**Principal Place of Business**

100 N. BISCAYNE BLVD  
SUITE #1114  
MIAMI, FL 33132 US

**Mailing Address**

100 N. BISCAYNE BLVD  
SUITE #1114  
MIAMI, FL 33132 US

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

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**

NEARING, MICHEL G  
KLUGER, PEREZ, KAPLAN & BERLIN, P.L.  
201 SOUTH BISCAYNE BLVD. 17TH FLOOR  
MIAMI, FL 33131

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATISTA, CARLOS 613 OCEAN DRIVE, UNIT 11-C KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, JEFFREY 2412 SW 16TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEARING, MICHEL G 201 S. BISCAYNE BLVD. 17TH FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/05-80037-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Carlos Batista*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05  
Date

(305) 375-9100  
Daytime Phone #