

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26074

1. Entity Name

LIGHT UP MIAMI, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

100 N BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

33131

US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE VD ☐ Delete
NAME ALVARINO, DIXON
STREET ADDRESS 420 LINCOLN ROAD #309
CITY-ST-ZIP MIAMI BEACH FL

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 141 NE 3rd. AVE # 201
CITY-ST-ZIP MIAMI FL 33132

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS BATISTA

3/23/01 (305) 375-9100

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90275 020 ****70.00

UU037531



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0072143

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E037 (10/00)