

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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IN THIS SPACE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000216125
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 #