

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91317 044 \*\*\*150.00

**DOCUMENT # G73703**

**1. Entity Name**  
**BLUE JAY CONSTRUCTION, INC.**

**Principal Place of Business**

**14233 S.W. 119 AVENUE**  
**MIAMI FL 33186**

**Mailing Address**

**14233 S.W. 119 AVENUE**  
**MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3260 NW 23 Avenue** **3. Mailing Address** **3260 NW 23 Avenue**

**Suite, Apt. #, etc.** **Suite 1300E** **Suite 1300E**

**City & State** **Pompano Beach FL** **Pompano Beach, FL**

**Zip** **33069** **Country** **USA** **Zip** **33069** **Country** **USA**

**4. FEI Number** **59-2355683** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VILLA, KENNETH**  
**14233 S.W. 119 AVENUE**  
**MIAMI FL 33186**

**7. Name and Address of New Registered Agent**

**Name** **Kenneth Villa**  
**Street Address (P.O. Box Number is not Acceptable)** **3260 NW 23 Avenue**  
**Suite 1300E**  
**City** **Pompano Beach FL** **Zip Code** **33069**

**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** Kenneth Villa **DATE** 4/29/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **Delete**  
**NAME** **VILLA, KENNETH**  
**STREET ADDRESS** **4444 S W 71ST AVE 102**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **Kenneth Villa** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **3260 NW 23 Avenue Suite 1300E**  
**CITY-ST-ZIP** **Pompano Beach, FL 33069**

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

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

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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Kenneth Villa **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** 4/29/02 **DAYTIME PHONE #** 954 984 4133

CR2E034 (9/01)