

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000043996**

1. Entity Name
LIGHT & BRIGHT, CORP

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 046 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6213 NW 171 STREET
Suite Apt # etc.

3. Mailing Address
6213 NW 171st Street
Suite Apt # etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES FL
Zip
33015 Country
USA

City & State
miami, FL
Zip
33015 Country
USA

4. FEI Number
22-3734133

Applied for
Not applicable

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

7. Name and Address of Current Registered Agent

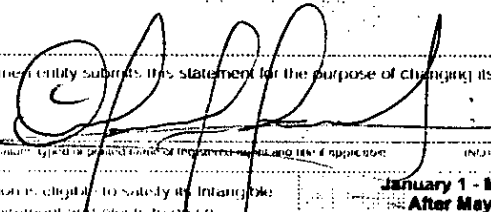
Name
SANCHEZ, VIVIANE G

Street Address (P.O. Box Number is Not Acceptable)
6213 NW 171 STREET

City
MIAMI LAKES FL Zip Code
33015

**DO NOT WRITE
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

SIGNATURE **X** 
Signature typed in printed block of registered agent and fee if applicable

(Not a Registered Agent Signature Required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P.D.
SANCHEZ, VIVIANE G
6213 NW 171 STREET
MIAMI LAKES FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**G.M.
SCHUBERT N/LOO
6213 NW 171 ST
MIAMI FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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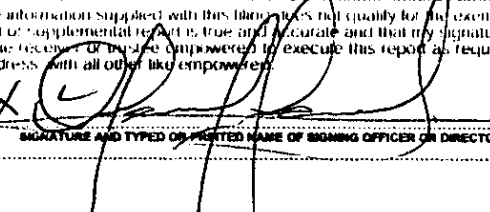
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing is not qualified for the exemption stated in Section 179.07(3)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE: **X** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print)