FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90101 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043996

1. Entity Name
LIGHT & BRIGHT, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6213 NW 171 STREET
Suite, Apt #, etc.
City & State: MIAMI LAKES FL
Zip: 33015 Country: USA

3. Mailing Address: 6213 NW 171st Street
Suite, Apt #, etc.
City & State: Miami, FL
Zip: 33015 Country: USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3734133 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P.D.	TITLE	
NAME	SANCHEZ, VIVIANE G	NAME	
STREET ADDRESS	6213 NW 171 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015	CITY-ST-ZIP	
TITLE	G.M.	TITLE	
NAME	SCHUBERT NILDO	NAME	
STREET ADDRESS	6213 NW 171 St	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #