

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068498

1. Entity Name

B & L COM USA, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90098 001 *****8.75
04-12-2001 90098 002 ***150.00

Principal Place of Business

2742 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

2742 BISCAYNE BLVD
MIAMI FL 33137

35852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1025896

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~OSORIO, CARLOS E~~
~~2742 BISCAYNE BLVD~~
~~MIAMI FL 33137~~

Name

Ramon A. LUZARDO

Street Address (P.O. Box Number is Not Acceptable)

2742 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

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

Ramon A. Luzardo

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME ~~OSORIO, CARLOS E~~
STREET ADDRESS ~~2742 BISCAYNE BLVD~~
CITY-ST-ZIP ~~MIAMI FL 33137~~

TITLE **Director** ☐ Change ☒ Addition
NAME **Jesus Barrios**
STREET ADDRESS **5414 Orduna Dr**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **D** ☐ Delete
NAME **BARBOZA, NICANDRO**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☐ Delete
NAME **LUZARDO, RAMON A**
STREET ADDRESS **2742 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ap. 2, 2001

Date

Daytime Phone #

CR2E034 (10/00)

0167109