

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90202 001 ***150.00

DOCUMENT# P01000027627

1. Entity Name

BLUE LIGHT SERVICES CORP.

Principal Place of Business

Mailing Address

450 W CAMINO REAL #106
BOCA RATON, FL 33432

450 W CAMINO REAL #106
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3391373

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DA SILVA, ROBERTO C
450 W CAMINO REAL #106
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name **TAX HOUSE CORPORATION**
 Street Address (P.O. Box Number is Not Acceptable)
3929 N FEDERAL HWY
 City **POMPANO BEACH** FL Zip Code **33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

04/22/02

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SILVA, ROBERTO C	NAME	
STREET ADDRESS	450 W CAMINO REAL #106	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREIA, ZELIA A. O	NAME	
STREET ADDRESS	450 W CAMINO REAL #106	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOZA, LUIZ CARLOS	NAME	
STREET ADDRESS	23139 SW 54TH AVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE

(Handwritten signatures)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 **561-262-3951**

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81837

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---	---

2. Principal Place of Business Suite Apt. #, etc.	3. Mailing Address Suite Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 94-3391373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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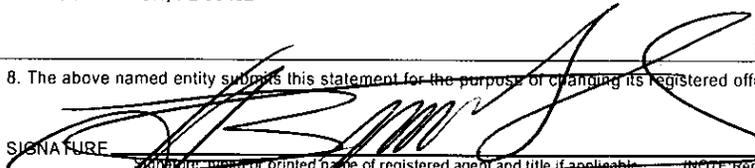
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(Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

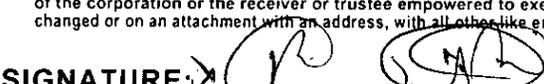
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SIGNATURE:  DATE: **04/22/02** 561-262-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR