

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000027627

1. Entity Name

BLUE LIGHT SERVICES CORP.

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

05-07-2002 90202 001 ***150.00

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

561-262-3951

2002 UNIFORM BUSINESS REPORT (UBR)

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81837

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BOCA RATON, FL 33432**

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BOCA RATON, FL 33432**

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Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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