

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90077 011 \*\*\*150.00

0403166 AV

**DOCUMENT # P01000027627**

**1. Entity Name**  
**BLUE LIGHT SERVICES CORP.**



**Principal Place of Business**  
**450 W CAMINO REAL #106**  
**BOCA RATON FL 33432**

**Mailing Address**  
**450 W CAMINO REAL #106**  
**BOCA RATON FL 33432**

**2. Principal Place of Business**

**1181 STONEWAY LINE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**1181 STONEWAY LINE**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**WEST PALM BEACH, FL**

**City & State**  
**WEST PALM BEACH, FL**

**4. FEI Number** **94-3381373**

**Applied For**  
**Not Applicable**

**Zip**  
**33417**

**Country**  
**U.S.A.**

**Zip**  
**33417**

**Country**  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**TAX HOUSE CORPORATION**  
**3929 N. FEDERAL HWY**  
**POMPANO BEACH FL 33064**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **DE SILVA, ROBERTO C**  
**STREET ADDRESS** **450 W CAMINO REAL #106**  
**CITY-ST-ZIP** **BOCA RATON FL 33432**

**TITLE** **VTD** ☐ Delete  
**NAME** **CORREIA, ZELIA A. O**  
**STREET ADDRESS** **450 W CAMINO REAL #106**  
**CITY-ST-ZIP** **BOCA RATON FL 33432**

**TITLE** **SD** ☒ Delete  
**NAME** **BARBOZA, LUIZ CARLOS**  
**STREET ADDRESS** **23139 SW 54TH AVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33433**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **DA SILVA, ROBERTO C**  
**STREET ADDRESS** **1181 STONEWAY LINE**  
**CITY-ST-ZIP** **WEST PALM BEACH, FL 33417**

**TITLE** **VTD** ☒ Change ☐ Addition  
**NAME** **CORREIA, ZELIA A. O**  
**STREET ADDRESS** **1181 STONEWAY LINE**  
**CITY-ST-ZIP** **WEST PALM BEACH, FL 33417**

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

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.**

**SIGNATURE:**

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

**04/01/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)