

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90119 040 ***150.00

DOCUMENT # P01000048026

1. Entity Name
BUSINESS LINKERS CORPORATION

Principal Place of Business

**13032 SW 5TH STREET
 MIAMI FL 33184**

Mailing Address

**13032 SW 5TH STREET
 MIAMI FL 33184**

2. Principal Place of Business

5701 Miami Lakes Drive East

3. Mailing Address

Same as #2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Zip

FL

Country

33014

Zip

Country

4. FEI Number

65-1104031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VELEZ, LUZ E

**14031 SW 106TH STREET
 MIAMI FL 33186**

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.

SIGNATURE

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, 2002 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

TITLE **P** ☐ Delete
 NAME **VAZQUEZ, HERNAN**
 STREET ADDRESS **13032 SW 5TH STREET**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **TS** ☐ Delete
 NAME **RAMIREZ DE VAZQUEZ, BEATRIZ**
 STREET ADDRESS **13032 SW 5TH STREET**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5701 Miami Lakes Drive East**
 CITY-ST-ZIP **Miami Lakes, FL 33184**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **5701 Miami Lakes Drive East**
 CITY-ST-ZIP **Miami Lakes, FL 33184**

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 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

104-26-0213057937945

CR2E034 (9/01)