

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90550 004 ***150.00

DOCUMENT #	P01000048026
1. Entity Name	
BUSINESS LINDERS CORPORATION	



DO NOT WRITE IN THIS SPACE

20015425

2. Principal Place of Business		3. Mailing Address	
13032 SW 5th Street		13032 SW 5th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33184	Country USA	Zip 33184-1216	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1104031		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name VELEZ, LUZ E. Street Address (P.O. Box Number is Not Acceptable) 14031 SW 106TH STREET City MIAMI FL Zip Code 33186		

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VAZQUEZ, HERNAN 201 NIAGARA KIRKLAND H9J 3 W7 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS... RAMIREZ DE VAZQUEZ, BEATRIZ 201 NIAGARA KIRKLAND H9J 3W7 - CANADA
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hernan Vazquez **HERNAN VAZQUEZ, PRES.** 3/15/03 (305) 559-8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/02)