

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90463 037 ***150.00

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DOCUMENT # P01000049802

1. Entity Name

LIGHT BULBS BY THE BOX, INC.

Principal Place of Business

**6901 NW 82ND AVENUE
MIAMI FL 33166**

Mailing Address

**999 PONCE DE LEON BLVD SUITE 720
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 2405

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478

Country

4. FEI Number

65-1110392

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

**CARRERAS, RAUL JR
999 PONCE DE LEON BLVD SUITE 720
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Carreras, Raul Jr.

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

101 S.W. Third Street

City

Ocala

FL

Zip Code

34474

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 **D** ☐ Delete
NAME **VAZQUEZ, ARTURO**
STREET ADDRESS **6901 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
NAME **VAZQUEZ, ALICIA Y**
STREET ADDRESS **6901 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D/P** ☒ Change ☐ Addition
NAME **Vazquez, Arturo**
STREET ADDRESS **6901 NW 82nd Avenue**
CITY-ST-ZIP **Miami FL 33166**

TITLE **D/S/T** ☒ Change ☐ Addition
NAME **Vazquez, Alicia Y.**
STREET ADDRESS **6901 NW 82nd Avenue**
CITY-ST-ZIP **Miami FL 33166**

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

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:

Arturo Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02
Date

305-594-0635
Daytime Phone #

CR2E034 (9/01)