

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000056118

1. Entity Name

BLUE SKY GENERAL SERVICES, CORP.

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90210 028 \*\*\*150.00

11015473

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>601 LYONS RD #7208</b> <b>COCONUT CREEK FL 33063-6715</b>	Mailing Address <b>601 LYONS RD #7208</b> <b>COCONUT CREEK FL 33063-6715</b>
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2. Principal Place of Business <b>6100 NW 34TH TERRACE</b> Suite Apt. #, etc.	3. Mailing Address <b>6100 NW 34TH TERRACE</b> Suite Apt. #, etc.
City & State <b>FORT LAUDERDALE , FL</b>	City & State <b>FORT LAUDERDALE , FL</b>
Zip <b>33309</b> Country <b>USA</b>	Zip <b>33309</b> Country <b>USA</b>

4. FEI Number <b>65-1109528</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TAX HOUSE CORP.</b> <b>3929 N. FEDERAL HWY</b> <b>POMPANO BEACH FL 33064</b>
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7. Name and Address of New Registered Agent Name <b>TAX HOUSE CORPORATION</b> Street Address (P.O. Box Number is Not Acceptable) <b>531 E SAMPLE RD</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33064</b>
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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  DATE **04/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DA SILVA ROCHA, MARCIA 601 LYONS RD #7208 COCONUT CREEK FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DA SILVA ROCHA, MARCIA 6100 NW 34TH TERRACE FORT LAUDERDALE , FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONCHE, JULIO C 601 LYONS RD #7208 COCONUT CREEK FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONCHE, JULIO C 6100 NW 34TH TERRACE FORT LAUDERDALE , FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04/22/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #