

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90136 012 ***158.75

DOCUMENT # P01000110766

1. Entity Name

BLACKEYE SERVICES, INC.

Principal Place of Business

1462 SOUTHWEST 19TH AVENUE
 FORT LAUDERDALE FL 33312

Mailing Address

1462 SOUTHWEST 19TH AVENUE
 FORT LAUDERDALE FL 33312

2. Principal Place of Business

1462 S.W. 19TH AVE.

3. Mailing Address

1462 S.W. 19TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE

Zip

FL 33312

Country

U.S.A

Zip

33312

Country

U.S.A

4. FEI Number

65-1155591

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

KARAGYOZ, SHEFKA

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

1462 S.W. 19TH AVE

City

FORT LAUDERDALE FL

Zip Code

33312

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/02

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 PSTD
 NAME KARAGYOZ, SHEFKA F
 STREET ADDRESS 1462 SOUTHWEST 19TH AVENUE
 CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME KARAGYOZ, SHEFKA ☒ Change ☐ Addition
 STREET ADDRESS 1462 S.W. 19TH AVE.
 CITY-ST-ZIP FORT LAUDERDALE, FL 33312

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

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

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

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

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

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

2/20/02

Date

954-448-4248

Daytime Phone #

CR2E034 (9/01)