

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

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-02-2005 90078 002 ***150.00

DOCUMENT # **P-0200004008**
1. Entity Name
BLAZQUEZ ACCOUNTING SERVICES

DO NOT WRITE IN THIS SPACE

66008321

2. Principal Place of Business
5201 NW 7th Street
Suite, Apt. #, etc.
411-W
City & State
Miami FL
Zip
33126 Country

3. Mailing Address
5201 NW 7th Street
Suite, Apt. #, etc.
411-W
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 date it applies)

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT-SECRETARY
JUAN F BLAZQUEZ
5201 NW 7th St. 411-W
Miami FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN F BLAZQUEZ 3/20/05 447-1953