

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

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90229 019 ***150.00

DOCUMENT # **P02000040008**

1. Entity Name

BLAZQUEZ ACCOUNTING SERVICES II

DO NOT WRITE IN THIS SPACE

50003258

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2. Principal Place of Business **Miami, Florida**

3. Mailing Address **5701 NW 7th Street**

Suite, Apt. #, etc. **411-W**

Suite, Apt. #, etc. **SAME**

City & State **Miami FLA**

City & State **SAME**

4. FEI Number

Applied For

Not Applicable

Zip **33126**

Country

Zip **SAME**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 \$61.25
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
5701 NW 7th ST 411-Miami FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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; that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/2006 (305) 442-4953