

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90144 042 ***150.00

DOCUMENT # P02000100555

1. Entity Name
BLACKSMITH AMERICAN GROUP, INC.



Principal Place of Business
10620 S.W. 75TH LANE
MIAMI FL 33173

Mailing Address
10620 S.W. 75TH LANE
MIAMI FL 33173

2. Principal Place of Business

4616 N.W. 114 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

1005

City & State
MIAMI FL

City & State

Zip
33178

Country
US

Zip
33178

Country

4. FEI Number

30-0125534

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OLAYA, VICTOR H
10620 S.W. 75TH LANE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **Rosangela Herrera**

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

4616 N.W. 114 AV. APT. # 1005

MIAMI

33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rosangela Herrera**

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

(NOTE: Registered Agent signature required when reinstating)

02/05/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **OLAYA, VICTOR H**
STREET ADDRESS **10620 S.W. 75TH LANE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **TD** ☐ Delete
NAME **OLAYA, ALBA**
STREET ADDRESS **10620 S.W. 75TH LANE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VD** ☐ Delete
NAME **HERRERA, JOSE J**
STREET ADDRESS **10620 S.W. 75TH LANE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **HERRERA VICTOR**
STREET ADDRESS **4616 NW 114 AV APT 1005**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **TD** ☒ Change ☐ Addition
NAME **OLAYA, ALBA**
STREET ADDRESS **4616 N.W. 114 AV. APT. 1005**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VD** ☒ Change ☐ Addition
NAME **HERRERA, JOSE**
STREET ADDRESS **4616 NW 114 AV. APT 1005**
CITY-ST-ZIP **MIAMI FL 33178**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/5/03

Date

Daytime Phone #

CR2E034 (10/02)