


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90226 009 \*\*\*150.00

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AT

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|---|---|
| <b>DOCUMENT #</b> P02000131713                          |  |
| 1. Entity Name<br><b>BUSINESS LOGIC SOLUTIONS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1445 DOLGNER PLACE<br/>SANFORD FL 32771</b> | Mailing Address<br><b>2901 FOREDT EDGE DRIVE<br/>DELTONA FL 32725</b> |
|---|---|

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|--|--|
| 2. Principal Place of Business<br><b>1445 DOLGNER PLACE</b><br>Suite, Apt. #, etc. <b>19</b> | 3. Mailing Address<br><b>1445 DOLGNER PLACE</b><br>Suite, Apt. #, etc. <b>19</b> |
|--|--|

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>SANFORD, FL</b> | City & State<br><b>SANFORD, FL</b> |
| Zip<br><b>32771</b>                | Zip<br><b>32771</b>                |
| Country<br><b>USA</b>              | Country<br><b>USA</b>              |



☐ CHECK HERE IF MAKING CHANGES

|  |  |
|--|--|
| 4. FEI Number<br><b>06-1666685</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Name and Address of Current Registered Agent<br><b>BECERRA, RICARDO<br/>2901 FOREST EDGE DRIVE<br/>DELTONA FL 32725</b>           |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 *Ricardo J Becerra* (NOTE: Registered Agent signature required when reinstating) DATE 4

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PATEL, ARVIND<br/>1520 79 STREET<br/>BROOKLYN NY 11228</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BECERRA, RICARDO J<br/>2901 FOREST EDGE DRIVE<br/>DELTONA FL 32725</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Ricardo J Becerra* **PRESIDENT** 30/2003 407-710-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)