

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # *996000074244*

1. Entity Name:

02 OCT 16 AM 8:40

Blue Lake Capital Corp.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business:

2500 N. Military Tr.

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

225-B

City & State:

City & State:

Boca Raton, FL

4. FLL Number

65-0703836

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: *Mark C. Perry Esq.*

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

*2455 E. Sunrise Blvd #905*

City: *Ft. Lauderdale*

FL

Zip Code:  
*33304*

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 of application

(NOTE: Registered Agent signature is required when registering)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$580.00

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: President  
NAME: Leonard M. Tucker  
STREET ADDRESS: 2500 N. Military Tr., Ste. 225  
CITY-STATE-ZIP: Boca Raton, FL 33431

TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: *300008374573*  
*-10/15/02--01046--00*  
*\*\*\*\*\*61.25 \*\*\*\*\*61*

TITLE: Secretary/Treasurer/Director  
NAME: Michelle Tucker  
STREET ADDRESS: 2500 N. Military Tr. Ste. 225  
CITY-STATE-ZIP: Boca Raton, FL 33431

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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)(b), 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 all other like empowered.

SIGNATURE: *Michelle Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02 561-998-2025

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IN THIS SPACE**

*9/16/02*