

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90152 029 \*\*\*150.00

**DOCUMENT # P97000002954**

**1. Entity Name**  
**BLAZE OVERSEAS (USA) CORP.**

**Principal Place of Business**  
**777 BRICKELL AVE. STE 500**  
**MIAMI FL 33131**

**Mailing Address**  
**777 BRICKELL AVE. STE 500**  
**MIAMI FL 33131**

**2. Principal Place of Business**  
**1001 Brickell Bay Drive**

**Suite, Apt. #, etc.**  
**Suite 2908**

**City & State**  
**Miami, Florida**

**Zip**  
**33131**

**Country**  
**USA**

**3. Mailing Address**  
**1001 Brickell Bay Drive**

**Suite, Apt. #, etc.**  
**Suite 2908**

**City & State**  
**Miami, Florida**

**Zip**  
**33131**

**Country**  
**USA**

**4. FEI Number** **65-0740947**

**Applied For**  
**Not Applicable**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**SLC CORPORATE SERVICES, INC.**  
**1001 BRICKELL BAY DRIVE**  
**SUITE 2908**  
**MIAMI FL 33131**

**7. Name and Address of New 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SIMON, HELMUT</b>	
<b>STREET ADDRESS</b>	<b>777 BRICKELL AVE. STE 500</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33131</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SIMON, HELMUT</b>	
<b>STREET ADDRESS</b>	<b>1001 Brickell Bay Drive, Suite 2908</b>	
<b>CITY-ST-ZIP</b>	<b>Miami, Florida 33131</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**SIGNATURE** \_\_\_\_\_ **SIGNATURE REQUIRED**

CR2E034 (9/01)