

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90097 014 \*\*\*550.00

**DOCUMENT # P98000093544**

1. Entity Name  
**BLUE LIGHTNING TRANSPORT INC.**

Principal Place of Business

11710 NW SOUTH RIVER DR.  
 SUITE #318  
 MEDLEY FL 33178

Mailing Address

11710 NW SOUTH RIVER DR.  
 SUITE #318  
 MEDLEY FL 33178

871836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14420 NW 107 AV LOT#4  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 260878  
 Suite, Apt. #, etc.

City & State

HALEAH GARDENS FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0885798

Applied For  
 Not Applicable

Zip

Country

33018 U.S.A

Zip

Country

33026 U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOSE R  
 11710 NW SOUTH RIVER DR.  
 SUITE #318  
 MEDLEY FL 33178

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE PDSV ☒ Delete  
 NAME MARTIN, JOSE R  
 STREET ADDRESS 11710 NW SOUTH RIVER DR., SUITE #318  
 CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ANNUNZIATA MARTIN ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 14420 NW 107 AV LOT#4  
 CITY-ST-ZIP HALEAH FL 33018

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: S. ANNUNZIATA MARTIN 9/9/02 786 255 4857  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)