

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27893

1. Entity Name  
BLAZQUEZ BUILDING MAINTENANCE CORPORATION

Principal Place of Business

5190 LIDO ST.  
ORLANDO FL 32807  
US

Mailing Address

P.O. BOX 574792  
ORLANDO FL 32857  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

Country

4. FEI Number

59-3053766

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DEL ORBE, GLORIA  
9020 BANDELIER DR  
ORLANDO FL 328178217 MARBELLAVIEW CT.  
ORL. FLA. 32817

Name

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

City

FL Zip Code

## 7. Name and Address of New Registered Agent

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 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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME BLAZQUEZ, AURELIANO  
STREET ADDRESS 5190 LIDO ST  
CITY-ST-ZIP ORLANDO FLTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP  Delete  
NAME BLAZQUEZ, GLORIA  
STREET ADDRESS 5190 LIDO STREET  
CITY-ST-ZIP ORLANDO FLTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
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CITY-ST-ZIPTITLE  Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  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:

Signature and Type or Print Name of Signing Officer or Director

407-  
3/1/02 273-1570FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90019 015 \*\*\*150.00

0522118 AT



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)