

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90774 023 ***150.00

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 574782
ORLANDO FL 32857
US**



2. Principal Place of Business
2351 MONACO COVE CIR.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORL. FLA.

City & State

4. FEI Number **59-3053766**

Applied For
Not Applicable

Zip
32825

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEL ORBE, GLORIA
8217 MARBELLAVIEW CT
ORLANDO FL 32817**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLAZQUEZ, AURELIANO**
STREET ADDRESS **5190 LIDO ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☒ Change ☐ Addition
NAME **BLAZQUEZ AURELIANO**
STREET ADDRESS **2351 MONACO COVE CIR.**
CITY-ST-ZIP **ORL. FLA. 32825**

TITLE **VP** ☐ Delete
NAME **BLAZQUEZ, GLORIA**
STREET ADDRESS **5190 LIDO STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **BLAZQUEZ GLORIA**
STREET ADDRESS **2351 MONACO COVE CIR.**
CITY-ST-ZIP **ORL. FLA. 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: _____

SIGNATURE REQUIRED: BLAZQUEZ

4/11/03 407-273-1570

Date Daytime Phone #

CR2E034 (10/02)