

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006820

1. Entity Name

BLUE STAR OF SOUTH FLORIDA INC.

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1350 EAST SUNRISE BLVD STE 164 FT LAUDERDALE FL 33304
Mailing Address: 1350 EAST SUNRISE BLVD STE 164 FT LAUDERDALE FL 33304



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 7186 NW 80 WAY
City & State: TAMARAC FL.
Zip: 33321 Country: USA

DO NOT WRITE IN THIS SPACE
05/19/00 90379 048 70.00
4. FEI Number: 65-0992436
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VIVIANI, LUISA
1515 N.E. 6TH COURT
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name: SHRIDAT NARAINÉ
Street Address (P.O. Box Number is Not Acceptable): 7186 NW 80 WAY
City: TAMARAC FL Zip Code: 33321

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: *SHRIDAT NARAINÉ* SHRIDAT NARAINÉ, PRESIDENT
DATE: Nov 15th 2000

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT NAME: SHRIDAT NARAINÉ STREET ADDRESS: 7186 NW 80 WAY CITY-ST-ZIP: TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE: DIRECTOR NAME: LUISA VIVIANI STREET ADDRESS: 1515 N.E. 6TH COURT CITY-ST-ZIP: FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE: DIRECTOR NAME: PATRICK SINGH STREET ADDRESS: 6724 S.W. 28TH COURT CITY-ST-ZIP: MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE: DIRECTOR NAME: PAUL PRENSAGAR LOWTAR STREET ADDRESS: 148 NE 38TH ST. APT 30 CITY-ST-ZIP: OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE: DIRECTOR NAME: RANDY BERRY STREET ADDRESS: 132 N.W. 20TH ST CITY-ST-ZIP: WILTON MANORS FL 33311	<input type="checkbox"/> Delete
TITLE: DIRECTOR NAME: LISA JASMINE STREET ADDRESS: 1986 NE 35TH COURT CITY-ST-ZIP: FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: REINSTATEMENT 2000 NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 500003523895--0 CITY-ST-ZIP: -01/04/01--01098--016 *****166.25 *****166.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 500003523895--0 CITY-ST-ZIP: -01/04/01--01098--016 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *SHRIDAT NARAINÉ* SHRIDAT NARAINÉ
DATE: Nov 15th 00 (954) 726-3024

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CR2E037 (5/00)