

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90019 001 \*\*\*\*\*8.75  
 05-08-2002 90019 002 \*\*\*\*\*61.25

**DOCUMENT # N99000006820**

1. Entity Name

**BLUE STAR OF SOUTH FLORIDA INC.**

Principal Place of Business

**1350 EAST SUNRISE BLVD STE 164  
 FT LAUDERDALE FL 33304**

Mailing Address

**7186 N.W. 80TH WAY  
 TAMARAC FL 33321**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0992436**

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

**NARAIN, SHRIDAT  
 7186 N.W. 80TH WAY  
 TAMARAC FL 33321**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHRIDAT, NARAIN</b>	
STREET ADDRESS	<b>7186 N.W. 80TH WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWTAN, PAUL PREMSAYAR</b>	
STREET ADDRESS	<b>148 N.E. 38TH STREET, APT. 30</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERRY, RANDY</b>	
STREET ADDRESS	<b>132 N.W. 20TH STREET</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL 33311</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JASMINE, LISA</b>	
STREET ADDRESS	<b>1986 N.E. 35TH COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ANTHONY</del> <b>SINGH, ANTHONY M</b>	
STREET ADDRESS	<b>3142 NW 114 LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRYANT, BRENDA</b>	
STREET ADDRESS	<b>4461 NE 17 TERRACE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SINGH, MUNGREE</del>	
STREET ADDRESS	<b>3142 NW 114 LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<del>Secretary</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Brenda Bryant</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02** **(305) 836-4393**

Date Daytime Phone #

CR2E037 (9/01)