

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90153 047 ****70.00

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

3. Mailing Address

3142 NW 114 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Springs FL

Zip

Country

Zip
33065

Country
USA

4. FEI Number 65-0992436

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

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

SIGNATURE: *[Signature]* - SHRIDAT NARAIN

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

(NOTE: Registered Agent signature required when reinstating)

2-26-2003

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHRIDAT, NARAIN	
STREET ADDRESS	7186 N.W. 80TH WAY	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWTAN, PAUL PREMSAYAR	
STREET ADDRESS	148 N.E. 38TH STREET, APT. 30	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, RANDY	
STREET ADDRESS	132 N.W. 20TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, ANTHONY M	
STREET ADDRESS	3142 NW 114 LANE	
CITY-ST-ZIP	CORLA SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, BRENDA	
STREET ADDRESS	4461 NE 17 TERRACE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, MUNGREE	
STREET ADDRESS	3142 NW 114 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARAIN, SHRIDAT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWTAN, PAUL PREMSAGAR	
STREET ADDRESS	34 MATADOR LANE	
CITY-ST-ZIP	DAVIE FL 33324	
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		
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]* - SHRIDAT NARAIN

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

2-26-2003 (954) 726-2024

CR2E037 (10/02)