

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90176 045 ***150.00

DOCUMENT # P00000005857

1. Entity Name

BLUE CASTLE IMPORT COMPANY

Principal Place of Business

12712 SW 71 TERR.
 MIAMI FL 33183

Mailing Address

12712 SW 71 TERR.
 MIAMI FL 33183

2. Principal Place of Business

175 Fontainebleau Blvd

3. Mailing Address

175 Fontainebleau Blvd.

Suite, Apt. #, etc.

Suite 1-D3

Suite, Apt. #, etc.

Suite 1-D3

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

4. FEI Number

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

BUENO, MARTHA
 12961 NW 9TH LANE
 MIAMI FL 33182

7. Name and Address of New Registered Agent

Name Martha Prendes
 Street Address (P.O. Box Number is Not Acceptable)
7120 SW 19 St
Miami, FL
 City FL Zip Code 33155

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 Martha Prendes President 1/20/01
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------------|--------------------------|-----------------------|--------------------------|
| PD | BUERO, MARTHA | 12961 NW 9TH LANE | MIAMI FL 33182 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|----------------|-------------------|----------------|-----------------|-------------------------------------|-------------------------------------|
| President | Prendes, Martha | 7120 SW 19 St | Miami, FL 33155 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vice-President | Jose Luis Prendes | 7120 SW 19 St | Miami, FL 33155 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Martha Prendes Martha Prendes 1/20/01 (305) 220-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)