

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014573

1. Entity Name

OFFBLUE CORPORATION

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

2. Principal Place of Business

999 PONCE DE LEON BLVD.

3. Mailing Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 110S

Suite, Apt. #, etc.

SUITE 110S

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0982605

Applied For

Not Applicable

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

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

Name

GUILLERMO CARRILLO

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD SUITE 110S

City

CORAL GABLES

FL

Zip Code

33134

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

GUILLERMO CARRILLO, Vice President

4/4/2001

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.
(See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
CARRILLO, GUILLERMO
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 601
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
CARRILLO, GUILLERMO
STREET ADDRESS 999 PONCE DE LEON BLVD. SUITE 110S
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO CARRILLO

4/4/01

Date

305-74-6565

Daytime Phone #

00033321



DO NOT WRITE IN THIS SPACE

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