

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90046 009 ***150.00

DOCUMENT # P01000043514

1. Entity Name
BLUROO, INC.

Principal Place of Business Mailing Address

C/O 100 SE 2ND ST., 28TH FL **C/O 100 SE 2ND ST., 28TH FL**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address

1995 E. OAKLAND PK BLVD **1995 E. OAKLAND PK BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
210 **# 210**

City & State City & State

FT. LAUDERDALE, FL **FT. LAUDERDALE FL**

Zip Country Zip Country

33306 **BROWARD** **33306** **BROWARD**

4. FEI Number Applied For

65-1105078 Not Applicable

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST., 28TH FL
MIAMI FL 33131

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | D/P <input type="checkbox"/> Delete |
| NAME | Denberg, Robert L. |
| STREET ADDRESS | 10286 NW 3rd Place |
| CITY-ST-ZIP | Coral Springs, FL 33071 |
| TITLE | D/S/T <input type="checkbox"/> Delete |
| NAME | George H. Scholl |
| STREET ADDRESS | 334 Atlantic Isle |
| CITY-ST-ZIP | Sunny Isles Beach, FL 33160 |
| TITLE | DT <input checked="" type="checkbox"/> Delete |
| NAME | Armen Szmulewitz |
| STREET ADDRESS | 545 NW 86 Terrace |
| CITY-ST-ZIP | Coral Springs, FL 33067 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 | |
| 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 | |

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: GEORGE SCHOLL SECRETARY 3/11/02 954-967-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NAME 03

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE