

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 008 ***150.00

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1. Entity Name
BLUE LINE PROPERTIES, INC.



Principal Place of Business
**8270 S.W. 119TH STREET
MIAMI FL 33156**

Mailing Address
**8270 S.W. 119TH STREET
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1128667**

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

7. Name and Address of New Registered Agent

**ROBLES, CARLOS
8270 S.W. 119TH STREET
MIAMI FL 33156**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBLES, CARLOS
8270 S.W. 119TH STREET
MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBLES, CARRIE
8270 S.W. 119TH STREET
MIAMI FL 33156**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 607, 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:

Carlos Robles
Carlos Robles April 1st, 2003 (305) 252-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
90133693
PO10000-78868

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

May 7, 2003

To whom it may Concern

I would like to inform you that I mailed out the 5 corporation business forms along with the corresponding checks on April 1st, 2003. I sent all 5 in the same envelope. For some reason, I think you never received them because the checks for never cashed.

I called today and spoke with Justin in the "UBR" department and he suggested that if I kept a copy of the filling form, to re-sign and forward them with a letter of explanation. He stated that I would not be charged a late fee, therefore I have included the replacement checks along with the UBR forms.

I will call in a few days to confirm that you received my letter. I would gladly send the letter via overnight mail, but the address I was given is to a P.O. Box.

If you need any further information, please call me at Ph 305-252-4990.

Thank you for your cooperation in this matter.



Carlos Robles