

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000089687

FILED  
Apr 02, 2003  
Secretary of State

Entity Name: BLUEMAR, INC.

**Current Principal Place of Business:**

3910 S W 185TH AVENUE  
MIRAMAR, FL 33029

**New Principal Place of Business:**

<UNUSED>  
MIRAMAR, FL 33029

**Current Mailing Address:**

POST OFFICE BOX 297624  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-1137811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOSA, GLENN L  
3910 S W 185TH AVENUE  
MIRAMAR, FL 33029

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOSA, GLENN L  
Address: 3910 S W 185TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DR ( ) Change (X) Addition  
Name: SOSA, S C  
Address: 3910 SW 185TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN SOSA

PD

04/02/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date