FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90885 018 ***150.00

663631

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023176

1. Entity Name
BLUE PLANET U.S.A. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2240 SW 67 AV.
Suite, Apt. #, etc. 14601 SW 272 ST.	Suite, Apt. #, etc. 10
City & State MIAMI FL.	City & State MIAMI FL.
Zip 33032 Country U.S.A.	Zip 33155 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name BAUER, JOHN V.
Street Address (P.O. Box Number is Not Acceptable) 14601 S.W. 272 ST.
City MIAMI FL. FL Zip Code 33032

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 ______
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	EVA SAMLOT
STREET ADDRESS	14601 SW 272 ST.
CITY-ST-ZIP	MIAMI FL. 33032
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date