

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106022

1. Entity Name

IBLUES CORPORATION

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90084 046 \*\*\*158.75

Principal Place of Business

Mailing Address

15440 SOUTHWEST 95TH LANE  
MIAMI FL 33196

15440 SOUTHWEST 95TH LANE  
MIAMI FL 33196

#26 CORAL GABLES, FL 33134

2. Principal Place of Business

15 ALHAMBRA CIRCLE

3. Mailing Address

15 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #26

APT #26

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

FEI Number

65-0966003

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANCISCO R. ORTEGA - PRESIDENT MAY 1-00

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, 2000 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 PD  
NAME ORTEGA, FRANCISCO  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE VD  
NAME SCAGLIA, FIORELLA  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE SD  
NAME ORTEGA, JIMENA  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE TD  
NAME GARAY, CECILIA  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE D  
NAME ORTEGA, PATRICIA  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE D  
NAME ORTEGA, FRANCISCO M  
STREET ADDRESS 15440 SOUTHWEST 95TH LANE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

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

FRANCISCO R. ORTEGA MAY 1-00 305-780-334

Date

Daytime Phone #