

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91162 046 \*\*\*158.75

**DOCUMENT #** P99000106022

**1. Entity Name**

Iblues Corporation

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

130 Mendoza Avenue

Suite, Apt. #, etc.

#43

City & State

Coral Gables, FL

Zip

33134

Country

US

**3. Mailing Address**

130 Mendoza Avenue

Suite, Apt. #, etc.

#43

City & State

Coral Gables, FL

Zip

33134

Country

US

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

650966003

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Spiegel & Ultra PA

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way

4th Floor

City

Miami, FL 33145

FL

Zip Code

33145

**DO NOT WRITE  
IN THIS SPACE**

**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 reissuing)

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

CEO & President

Francisco Ortega

STREET ADDRESS

130 Mendoza Avenue #43

CITY - ST - ZIP

Coral Gables, FL 33134

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

CEO

Pratricia Ortega

STREET ADDRESS

130 Mendoza Avenue #43

CITY - ST - ZIP

Coral Gables, FL 33134

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

Director

Cecilia Garay

STREET ADDRESS

130 Mendoza Ave #23

CITY - ST - ZIP

Coral Gables, FL 33134

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

Vice President

Jimena Ortega

STREET ADDRESS

130 Mendoza Ave #23

CITY - ST - ZIP

Coral Gables, FL 33134

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

Director

Francisco Ortega

STREET ADDRESS

130 Mendoza Avenue #43

CITY - ST - ZIP

Coral Gables, FL 33134

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
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STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Ortega

Date

Daytime Phone #

A 04-16-02 305-978-1181

CR2E034B (12/01)