

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010587  
AF

DOCUMENT # L00000009772

1. Entity Name  
BLU, LLC.

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
8399 NORTHWEST 66TH STREET, SUITE 3 8399 NORTHWEST 66TH STREET, SUITE 3  
MIAMI FL 33166 MIAMI FL 33166



2. Principal Place of Business 3. Mailing Address  
3063 Center Street 3063 Center Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
MIAMI

DO NOT WRITE IN THIS SPACE

MJH

City & State City & State 4. FEI Number Applied For  
FLORIDA MIAMI, FL 65-1032724 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional  
33133 U.S.A. 33133 U.S.A. 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  
100003336431-6  
04/13/01-01028-004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

|                                                |                                                                                     |                                 |                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>QUIEPO, MARIA<br>8399 NORTHWEST 66TH STREET, SUITE 3<br>MIAMI FL 33166       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ARANGO, ALVARO<br>8399 NORTHWEST 66TH STREET, SUITE 3<br>MIAMI FL 33166      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SIERRA, PAULA<br>8399 NORTHWEST 66TH STREET, SUITE 3<br>MIAMI FL 33166       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LOPEZ DE MESA, JUAN<br>8399 NORTHWEST 66TH STREET, SUITE 3<br>MIAMI FL 33166 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADMINISTRATIVE MANAGER SIGNATURE REQUIRED *Maria Quieto* 3/29/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)