

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90161 048 \*\*\*150.00

**DOCUMENT # P01000055811**

1. Entity Name  
**BLUE SAND ENTERPRISES, INC.**



Principal Place of Business  
**7441 WAYNE AVENUE SUITE #9E  
MIAMI BEACH FL 33141**

Mailing Address  
**7441 WAYNE AVENUE SUITE #9E  
MIAMI BEACH FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-111849**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

**SALDIVIA, FELIPE  
7441 WAYNE AVENUE, SUITE 9E  
MIAMI BEACH FL 33141**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	BUGNA DE BATTAGLINO, MARIA JOSE	
STREET ADDRESS	7441 WAYNE AVENUE SUITE #9E	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUGNA DE CALDERONI, MARIA CRISTINA	
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ DE BUGNA, MARIA C	
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUGNA, RICARDO MARIO	
STREET ADDRESS	7441 WAYNE AVENUE, SUITE 9E	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

Date

DayTime Phone #

*Maria Martinez de Bugna* **MARIA MARTINEZ de BUGNA** **April 01 / 2003** **305 864 3281**

CR2E034 (10/02)