

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000067

1. Entity Name

BLUE ISLE SOFTWARE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90100 047 ***150.00

Principal Place of Business

Mailing Address

2999 N.E. 191ST STREET, SUITE 700
MIAMI FL 33180

2999 N.E. 191ST STREET, SUITE 700
MIAMI FL 33180

2. Principal Place of Business

3. Mailing Address

3300 N.E. 191ST STREET

P.O. Box 30507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura Florida

City & State

Ft. Lauderdale Florida

Zip

33180

Country

U.S.A

Zip

33303-0507

Country

USA

4. FEI Number

04-3250876

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

Name

Florida Incorporators, Inc.

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

1221 BRICKELL AVE. STE. 900

City

MIAMI

FL

Zip Code

33131

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

Mark Hankins

MARK HANKINS, PRESIDENT 3/18/00

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)

☐

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 ☐ Delete
NAME P
STREET ADDRESS DUARDE, VICTOR
CITY-ST-ZIP 19901 EAST COUNTRY CLUB DRIVE, APT. 408
AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME VICTOR DUARTE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS DUARDE, TONY
CITY-ST-ZIP 3300 N.E. 191ST STREET, LP 11
AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME TONY DUARTE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/11/2000 (351) 932-5454