

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
04-17-2001 90164 045 \*\*\*150.00

A0051156

DOCUMENT # F 72463 ✓

1. Entity Name  
Blue Sapphire, Inc.

Principal Place of Business  
2300 W. Flagler St.  
Miami, FL 33135  
US

Mailing Address  
2300 W. Flagler St.  
Miami, FL 33135  
US

2. Principal Place of Business  
Suto, Apt. # etc.

3. Mailing Address  
2300 W. Flagler St.  
Suto, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33135

Country  
US

4. FEI Number  
59-2189787

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Soto, Fernando M  
2300 W. Flagler St.  
Miami, FL 33135

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.

SIGNATURE  
Signature, typed or printed name of registered agent and title (Applicable)  
(NOTE: Registered Agent signature required when registering)  
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, 2001 Fee will be \$350.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Total Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone: 4/6/01