2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72463

1. Entity Name

BLUE SAPPHIRE, INC.



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

04-18-2003 90221 033 ***150.00

Daytime Phone #

Principal Place of Business 200 M. PLAGER ST. UNAIL R. 2015 S 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Sulfa, Apr. E. etc. City A State City A State Address of New Registered Apent The Manual R. 2015 Septem Andress (PO Box Number is Not Acceptable) Septem Andress (PO Box Number is Not Acceptable) City FL Ziro Code Septem Andress of Registered Apent The Address of Registered Apent Septem Andress of Registered Apent The Address of Registered Apent Septem Andress of Registered Apent The Address of Registered Ape							THE THE	'					
Suite, Apt. #, etc. Suite, Apt. #, etc. GRECK HERCLE MAKING CHANGES City & State Country Zip Country 8. Certification of Status Dissess Sa. 75. Audisonal rev Registered Agent Fig. Country 2p Country 8. Certification of Status Dissess Sa. 75. Audisonal rev Registered Agent For Registered Agent File State File F	2300 W. FLAGLER ST.			2300 MIAM	2300 W. FLAGLER ST. MIAMI FL 33135								
City & State City & State City & State City & State Country 2/p Country 3. Confidence of Statute Desiroo 58.75 Auditions 59.2189787 Market Mar	2. Principal P	lace of Busine	ess	3. Mai	3. Mailing Address				! (B4)/B6 (J() : B8/4 (IB)! B14/8 B1/68		8/8ii 8141i B		
SOTO, FERNANDO M SOTO, FERNANDO M SOTO, FERNANDO M SITURE Address of Current Registered Agent Name SOTO, FERNANDO M SITURE Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES		
SOTO, FERNANDO M 2300 W. FLACIER ST. MIAM FL. 33135 FLE NOVILL FEEL S S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 Make Cheek Payable to Floridge Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S SIRES AURIES S150.00 MAMA FL SIRES AURIES S150.00 SIRES AURIES S150.00 MAMA FL SIRES AURIES S150.00 MAM	City & State	e		City	City & State				FEI Number 59-2189787		•	}	
SOTO, FERNANDO M 2000 W. FLAGLER ST MIAM FL 33135 City FL Zip Code	Zip	,	Country	Zip		try							
SOTO, FERNANDO M 2300 W. FLAGLER ST. MAMI, FL. 33135 City FL. Zip Code 6. Tiple 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 with a 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 with a 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 with a 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 with a statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept with a statement of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept with a state of Florida State of Florida. I am familiar with, and accept with a state of Florida State of Florida. I am familiar with, and accept with a state of registered office or register		-6. Name	and Address of Cu	ırrent Registere	d'Agent	~ ~~~ *3		7.2	Name and Address of New Reg	Istered A	jent	-]
Single Address (FO. 56) Number is No. Added to Fee							Name						1
MANI FL 33135 City					Street Address (P.O. Box Number is Not Acceptable)								
### STD Delete THE Delete TH	3		*										
SIGNATURE Synative, lighted or printighere and implained agent and title displacable. (NOTE: Registered Agent signature required when renotating) DATE		4.5				,							
FILE NOW!! FEE'S \$150.00 After May 1, 2003 Fee's will be \$550.00 Make Check Payable to Florids Department of State 10.	8. The above	named entity ions of registe	submits this statem red agent.	nent for the purp	ose of changing its	registere	ed office or registe	ered ag	pent, or both, in the State of Floric	ia. I am fa	miliar with,	and accept	
After May 1, 2003 Federal be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed o	or printed name of registerer	d agent and title if app	olicable. (NOT	: Registere	d Agent signature requir	ed when re	einstating) -	DATE			
TILE NAME STREET ADDRESS CITY-ST-2P CITY-ST-	After 🌺 🦰	May 1, 200	3 Feo∰vill be \$55	0.00	State								
TITLE NAME SOTO, FERNANDO M SOTO, FERNAN		rayable to	15		D0	-	-	A F	POLITIONIC (OLIANICES TO OFFIC	COC AND	DIRECTOR	C (N) 11	4
STREET ADDRESS CITY-ST-ZPP MIAMI FL STD STD STD STD STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-		00	# OFFICERS	AND DIRECTO		-		AL	DUTTONS/CHANGES TO OFFIC				16
STREET ADDRESS CITY-ST-ZPP MIAMI FL STD STD STD STD STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-			DAIANDO M		L. Delete							☐ Addition	0,0
CITY-ST-ZIP MIAMI FL STD STD Delete NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Cha													1
TITLE SOTO, SONIA SOTO, SONIA SOTO, SONIA SOTO, SONIA SOTO, SONIA STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT		-	EAGLEN ST.				1						ç
MME STREET ADDRESS CITY-ST-ZIP TITLE					D Dalata	+					Change		16
STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TITLE ADDRE			MIA		□ Delete								2
CITY-ST-ZIP MIAMI FL CITY-ST-ZIP STREET ADDRESS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL			FIGLEN OI.			CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE DELET DEL	TITLE		A. R. F. A.D		Nalata T	TUTLE		_	The second second	 -	Change	Addition	1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z					Délete		I					_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-Z						STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STR	CITY-ST-ZIP					CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELET TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	TITLE		•		☐ Delete	TITLE					Change	Addition	1
CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME NAME						NAM	E						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Linereby certify that the information supplied with this filling 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	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	TITLE				☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	NAME												
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	-												
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	CITY-ST-ZIP					CITY	-ST-ZIP						-
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	TITLE				Delete	TITLE					Change	☐ Addition	
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													
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													
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													4
	indicated of the cor	on this report poration or the	or supplemental re e receiver or trustee	port is true and empowered to	accurate and that nexecute this report	ny signat as requir	ure shall have the	e same	legal effect as if made under oat	h; that I ar	n an officer	or director	}