

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15742

1. Entity Name

BLUESHIRE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90178 045 ***150.00

Principal Place of Business

5209 NW 47 AVE
STE 200-B
MIAMI FL 33166

Mailing Address

P O BOX 527245
MIAMI FL 33152-7245

642116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5209 N.W. 74th AVE

3. Mailing Address

P.O. Box 527245

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2185522

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33152

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

GARCIA, ISABEL
SUITE 217
5209 N.W. 74TH AVENUE
MIAMI FL 33166

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 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

T
GARCIA, MARIA ISABEL
5209 N.W. 74TH AVE., STE 200-B
MIAMI FL ☐ Delete

PD
GONZALEZ, ROSA E.
5209 N.W. 74TH AVE., STE 200-B
MIAMI FL ☐ Delete

SD
FABRE, FRANK R
717 PONCE DE LEON BLVD
CORAL GABLES FL 33134 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
5209 N.W. 74th Ave. - Suite 220
MIAMI, FL.

☐ Change ☐ Addition
5209 N.W. 74th AVE SUITE 220
MIAMI, FL.

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Rosa E. Gonzalez ROSA E. GONZALEZ 4/4/00 305-591-8096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #