2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K22269** 1. Entity Name BLUE KEEL OF SOUTH FLORIDA, INC.

Apr 28, 2000 8:00 am Secretary of State 04-28-2000 90026 014 ***150.00

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|--|--|---|--|--|---|---|--|--|----------------|---|---|
| Principal Place | e of Business | | Mailing Address | | | | | | | | |
| 2600 CARDENA STREET SUITE 6 CORAL GABLES FL 33134 US | | SUITE 6 | 2600 CARDENA STREET SUITE 6 CORAL GABLES FL 33134-5678 | | | ! ¶Q16 { LID {L | 18)(\$10 1818 6)(18 | | | a i) ai a ia (aa) | |
| 2. Principal Pla | ace of Busine | | 3. Mailing Addres | SS | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, e | tc. | | | | DO NOT WRIT | E IN THIS S | PACE | |
| City & State | 9 | | City & State | | | 4 | 4. FEI Number | 65-0049978 | } | } | pplied For ot Applicable |
| Zip | | Country | Zip | Co | ountry | 5 | 5. Certificate of Sta | atus Desired | | 8.75 Ad | |
| | 6. Name | and Address of Curren | t Registered Agent | | | 7 | 7. Name and Add | ress of New R | egistered A | gent | |
| | | | | | Name | 71 | | | | | |
| | HE, GUY | OTDEET #0 | | | | | tine Kath D Box Number is N Cardena | |) #6 | | |
| | AL GABLES | STREET #6 | | | | | | | | | |
| CON | AL GADLES | 1 2 33 134 | | | City | coral | Gables, | FL 33 | 134_ | 1 = - | |
| | | | | | | | Gables | | FL | 3313 | 4 |
| 8. The above | named entity | submits this statement t | for the purpose of cha | nging its regis | stered office or | registered | agent, or both, in | the State of Flo | rida. | | |
| | Chu | nock 1 | e CH | RISTIN | JET.K | ATI | 15 | 3 | 31 Jan | 100 | |
| SIGNATURE _ | Signature, typed of | or printed name of registered ager | nt and title if applicable. | (NOTE: Regis | stered Agent signatu | ure required whe | en reinstating) | | , O, | | |
| 9. This corpo | ration is eligit | or printed name of registered ager ble to satisfy its Intangib and elects to do so. | le FILE | E NOW!!! FE AY 1, 2000 F | EE IS \$150.0 ee will be \$5 Departmen | 00 550.00 | 10. Election | Campaign Fin nd Contribution | | | 00 May Be d to Fees |
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indicated on this report or supplemental report is true and backlast my signature shall have the same legal effect as it made under oath; that it arill all 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: