

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003656

1. Entity Name
BLUE RIVER, LLC

FILED

01 APR -5 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5200 Blue Lagoon Drive,
Suite 700
c/o Raul J. Valdes-Fauli, P.A.
Miami, FL 33126

Mailing Address
5200 Blue Lagoon Drive
Suite #700
c/o Raul J. Valdes-Fauli
Miami, FL 33126

2. Principal Place of Business
444 BRICKELL AVENUE

3. Mailing Address
444 BRICKELL AVENUE

Suite, Apt. #, etc.
Suite # 210

Suite, Apt. #, etc.
Suite # 210

City & State
Miami, FL

City & State
Miami, Florida

Zip
33131

Country
Miami-Dade

Zip
33131

Country
Miami-Dade

4. FEI Number
65-1078318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RJVF Corporate Services, Inc.
5200 Blue Lagoon Drive
c/o Raul J. Valdes-Fauli
Miami, FL 33126

7. Name and Address of New Registered Agent

Name
RJVF Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.
Suite # 4100
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 _____ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rodriguez Velasco, Oscar 445 Grand Bay Drive #1101 Key Biscayne, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004009844 -04/18/01--01022--015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: _____ OSCAR RODRIGUEZ 04/02/2001 (305) 3720095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #