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	Mailing Address
5200 Blue Lagoon Drive, Suite 700 c/oRaul J. Valdes-Fauli, P.A. Miami, Fl 33126	5200 Blue Lagoon Drive Suie #700 c/o Raul J. Valdes-Fauli Miami, Fl 33126
2. Principal Place of Business	3. Mailing Address
>444 BRICKELL AVENUE	>444 BRICKELL AVENUE
Suite, Apt. #, etc. > Suite # 210	Suite, Apt. #, etc. > Suite # 210
City & State Miami, Fl	City & State > Miami, Florida
Zip / Country > 33131 / Miami-Dade	Zip / Country > 33131 / 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	7. Name and Address of New Registered Agent
RJVF Corporate Services, Inc. 5200 Blue Laggon Drive c/o Raul J. Valdes-Fauli Miami, Fl 33126	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 _____ ✓
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rodriguez Velasco, Oscar 445 Grand Bay Drive #1101 Key Biscayne, Fl 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004009844 -04/16/01--01022--015 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TLE / AME / TREET ADDRESS / TY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: OSCAR RODRIGUEZ 04/02/2001 (305) 3720095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #