Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT#** L00000009772 1. Entity Name 01 APR -2 AM 9:50 BLU. LLC. SECRETARY OF STATE TALLAHASSEE, FLORIDA 8399 NORTHWEST 66TH STREET, SUITE 3 8399 NORTHWEST 66TH STREET. SUITE 3 MIAMI FL 33166 MIAM! FL 33166 3. Mailing Address 2. Principal Place of Business Center Street Center Street 3063 3063 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI City & State City & State Applied For 4. FEI Number 1032724 -ORIO4 MIAMI Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 3313 V-S4 U-5. Fee Required 331*3*3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 100003338431 04/13/01--01028--004 FILE NOW!!!~FEE-19-\$50:00 *****50.00 ****50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. ☐ Change Addition TITLE ☐ Delete TITLE MGR NAME NAME QUIEPO, MARIA STREET ADDRESS STREET ADDRESS 8399 NORTHWEST 66TH STREET, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME ARANGO, ALVARO STREET ADDRESS STREET ADDRESS 8399 NORTHWEST 66TH STREET, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Delete ☐ Change Addition TITLE TITLE MGR NAME NAME SIERRA, PAULA STREET ADDRESS STREET ADDRESS 8399 NORTHWEST 66TH STREET, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 3316</u>6 Addition TITI F ☐ Delete TITLE ☐ Change MGR NAME NAME LOPEZ DE MESA, JUAN STREET ADDRESS STREET ADDRESS 8399 NORTHWEST 66TH STREET, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - - Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. JRE: AGMINISTRATION WANTER BE SULLAND US SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: