

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90006 031 \*\*\*\*50.00

**DOCUMENT # L00000009772**

1. Entity Name

**BLU, LLC.**

Principal Place of Business

**3063 CENTER ST.  
 MIAMI FL 33133**

Mailing Address

**3063 CENTER ST.  
 MIAMI FL 33133**

**80039420**

2. Principal Place of Business

**3063 CENTER ST.**

3. Mailing Address

**3063 CENTER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-1032724**

Applied For

Not Applicable

Zip

**33133**

Country

**U.S.A.**

Zip

**33133**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **QUIEPO, MARIA**  
 STREET ADDRESS **8399 NORTHWEST 66TH STREET, SUITE 3**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☐ Delete  
 NAME **ARANGO, ALVARO**  
 STREET ADDRESS **8399 NORTHWEST 66TH STREET, SUITE 3**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☐ Delete  
 NAME **SIERRA, PAULA**  
 STREET ADDRESS **8399 NORTHWEST 66TH STREET, SUITE 3**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☐ Delete  
 NAME **LOPEZ DE MESA, JUAN**  
 STREET ADDRESS **8399 NORTHWEST 66TH STREET, SUITE 3**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **QUIEPO, MARIA**  
 STREET ADDRESS **3063 CENTER ST.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **ARANGO, ALVARO**  
 STREET ADDRESS **3063 CENTERS STREET.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **SIERRA, PAULA**  
 STREET ADDRESS **3063 CENTER ST.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **LOPEZ DE MESA, JUAN**  
 STREET ADDRESS **3063 CENTER ST.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)

**X** **QUIEPO MARIA** **X** **Feb 14, 02** **X** **305-648-5445**