## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 05, 2003 8:00 am Secretary of State

DOCUMENT # L0000009772  1. Entity Name					05-05-2003	90695 (	)47 ****	55.00	
BLU, LLC.						nna:	<b>3</b> 47		
Principal Place of Business		Mailing Address		44003397					
3063 CENTER ST. MIAMI FL 33133		3063 CENTER ST. MIAMI FL 33133							
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	Place of Business	3. Mailing Address	1 1 0 - 1	, IIIIII					
Suite, Apt.	in, etc.	1600 5 cb , Zr Suite, Apt. #, etc.	no byenue	7	CHECK HERE	F MAKING	CHANGES	3	
City & State	· — 1	City & State	FL	4. FEI Number	65-1032724	·	<del></del>	pplied For lot Applicable	
3312	G Country USA	33129	Country A	5. Certificate o	Status Desired		\$5.00 Ad Fee Require	ditional	
100,000	6. Name and Address of Current Re	egistered Agent		7. Name and A	ddress of New R	gistered /	\gent		긔.
	GEL & UTRERA, P.A. ALMERIA AVENUE		Street Address	(P.O. Box Number	is Not Acceptable)	7	<u></u>		-
COR	VAL GABLES FL 33134								7
	•		City			FL	Zip Coo	de .	1
	named entity submits this statement for the	ne purpose of changing its re	gistered office or registe	red agent, or both,	in the State of Flor	ida. Iam f	amiliar with	, and accept	7
SIGNATURE	tions of registered agent.								
	Signature, typed or printed name of registered agent and	<del></del>	egistered Agent signature requin	d when reinsteang)		DATE			4
<u>.</u>		1	VIII FEE IS \$50.00				•		Ţ
	•	Make Check Payable i	to Florida Departine 3y May 1, 2003	int of State					-
95	MANAGING MEMBERS		10.		ADDITIONS/0		<del></del>	·	4
TITLE	MGR	☐ Delete	TITLE	<del></del>	ADDITIONS/C	JI IAIVGES	☐ Change	Addition	1 8
NAME	QUIEPO, MARIA	·	NAME						
STREET ADDRESS CITY-ST-ZIP	3063 CENTER ST		STREET ADDRESS CITY-ST-ZIP						18
TITUE	MIAMI FL 33133	☐ Delete	<del></del>				Change	Addition	1000000 1101m
NAME	ARANGO, ALVARO	L⊒ Delete	TITLE NAME				Change	☐ Addition	2
STREET ADDRESS	3063 CENTERS STREET		STREET ADDRESS						1
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP						_
TITLE	MGR	☐ Delete	TITLE				Change	Addition	1
STREET ADDRESS	SIERRA, PAULA		NAME STREET ADDRESS	~ <del>-</del>	<u></u>	مسرحوت	· · · · · · · · · · · · · · · · · · ·	~=	- -
City-St-ZIP	MIAMI FL 33133		CITY-ST-ZIP						1
TITLE	MGR	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	LOPEZ DE MESA, JUAN		NAME Street address						1
CITY-ST-ZIP	3063 CENTER ST MIAMI FL 33133		CITY-ST-ZIP						
TITLE	I THE WALL OF THE STATE OF THE	☐ Deleta	TITLE	_ <del></del>			Change	Addition	7
NAME	,		NAME	٠					
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CITY-ST-ZIP	<del></del>		CITY-\$T-ZIP		<u>·</u> ·			ET Address	-
TITLE NAME		☐ Delete	TITLE   NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP						1
11. I hereby of indicated limited liab	certify that the information supplied with this on this report is true and accurate and the billity company or the receiver or trustage en	is filing does not qualify for the it my signature shall have the inpowered to execute this rep	e exemption stated in Se same legal effect as if n ort as required by Chap	ection 119.07(3)(i), nade under oath; the ter 608, Florida Sta	Florida Statutes, I f lat I am a managir lutes.	urther certi ig member	fy that the in or manage	nformation of the	}
SIGNAT	URE SIGNATU	REGIO DIE		<b></b>					