561-451- 4593

2001 UNIFORM BUSINESS REPORT (UBR)

| Zip Country Zip Country S. Certificate of Status Desired S5.00 Additional Pres Required Fig. Req | 1. Entity Nam BLUE MC Principal Place 3498 PINE H BOCA RATON | ne DON PROPERTIES OF BOC the of Business AVEN CIRCLE N FL 33431 Place of Business #, etc. | Mailing Address 3498 PINE HAVEN CIRCL BOCA RATON FL 33431 3. Mailing Address Suite, Apt. #, etc.: | E | I.A | ECRETARY OF STATE LLAHASSEE, FLORIDA DO NOT WRITE IN THIS | SPACE | | <u>₹</u> |
|--|--|--|--|---|---------------|--|--|------------|-----------------|
| BEDICK, LORRAINE BEDICK, LORRAINE BEDICK, LORRAINE BEDICK LORRAINE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 private name of registered agent and site if agenticate NOTE: Registered Agent signature majorida when revisating) DITE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ********50.00 *********50.00 ********50.00 ********50.00 ********50.00 SIGNATURE SIGNATURE GING MEMBERS / MAKE SIRET ADDRESS OITY-ST-ZIP ITHE MAME SIRET ADDRESS OITY-ST-ZIP TITLE MAME SIRET ADDRESS OITY-ST-ZIP | Zip | Country | Zip | Country | 5 Cort | | | |] |
| BEDICK, LORRAINE 3498 PINE HAVEN CIRCLE BOCA RATON FL 33431 City FL Zip Code 6. 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 TILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ################################# | | 6. Name and Address of Current | Registered Agent | <u> </u> :- | | | Fee Require | | - |
| 3498 PINE HAVEN CIRCLE BOCA RATON FL 33431 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, hyped or orining name of registered agent and bits it spoliciable. (NOTE Registered Agent dipharus required when revealing) PATE PRILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####50.00 #####50.00 #####\$5.00 9. (GING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS OUTY-51-ZIP TITLE NAME STREET ADDRESS STR | <u>. </u> | 2. Come sing realists of ourigit | grave a right | Name | | The state of the s | - 8 | | 1 |
| BOCA RATON FL 33431 City FL Zip Code 6. 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 SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####\$50.00 *####\$50.00 *####\$50.00 *####\$50.00 *####\$50.00 *#####\$50.00 *####\$50.00 *####\$50.00 *######\$50.00 *######\$50.00 *######\$50.00 *######\$50.00 *######\$50.00 *################################## | | | | Street Addres | s (P.O. Box I | Number is Not Acceptable) | · | | 1 |
| 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, hoped or birining name of registered agent and title if applicable. (NOTE Registered Agent signature mappings when reviewalling) APP FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. GING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE LOTOLING Begick JAPE Change Additionable STREET ADDRESS CITY-ST-ZIP Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET AD | | | | | | | | | 1 |
| 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 | DUCA KA | ATON FE 30431 | | City - | | EI | Zip Cod | e | 1 |
| SIGNATURE Signature, typed or printed name of registerord agent and title if application. (NOTE: Registered Agent signature regulated when renatating) DATE | 9. The above | and antity pulposite this statement to | the purpose of changing its | registered office as regis | tarad agest | | <u>- </u> | <u> </u> | - |
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