

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # L00000010291

1. Entity Name
BLUESKY PUBLIC RELATIONS, LLC

Principal Place of Business
539 N.E. 10TH AVENUE
FORT LAUDERDALE FL 33301

Mailing Address
539 N.E. 10TH AVENUE
FORT LAUDERDALE FL 33301

FILED

01 JUN 13 AM 10:57

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2977766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPANALE, ANTHONY J
536 N.E. 10TH AVE.
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

JOEL FELDMAN

Street Address (P.O. Box Number is Not Acceptable)

401 CAMINO GARDENS BLVD

City

BOCA RATON

FL

Zip Code

33432

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 reinstalling)

6/8/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004423538--2
-06/18/01--01012--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ANTHONY CAMPANALE
534 NE 10th AVE
FORT LAUDERDALE FL 33301

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Anthony J. Campanale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/01 934-535-9888

Date

Daytime Phone #

CR2E083 (11/00)