

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90004 048 ****50.00

DOCUMENT # L01000011244

1. Entity Name

BLUE PROPERTY MANAGEMENT, LLC



Principal Place of Business

Mailing Address

161 COLLINS AVE.
2ND FLOOR
MIAMI BEACH FL 33139

161 COLLINS AVE.
2ND FLOOR
MIAMI BEACH FL 33139

2. Principal Place of Business

1330 Collins Ave

3. Mailing Address

733 5th Street

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

US

Zip

33139

Country

US

4. FEI Number 65-1111945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM
161 COLLINS AVENUE, 2ND FLOOR
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Barry A. Sidel**
Street Address (P.O. Box Number is Not Acceptable)

733 5th Street

City Miami Beach

FL

Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SIDEL, BARRY A
STREET ADDRESS 161 COLLINS AVE., 2ND FLOOR
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Barry A. Sidel
STREET ADDRESS 733 5th Street
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

2-13-03

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

Date

Daytime Phone #

CR2E083 (10/02)

0016/5/