

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90386 030 ****50.00

DOCUMENT # L01000012019

1. Entity Name

THE BLUE PINEAPPLE INVESTMENT GROUP, LLC

Principal Place of Business

**5920 NE 28TH AVENUE
FORT LAUDERDALE FL 33308**

Mailing Address

**5920 NE 28TH AVENUE
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, ALLISON
SUITE 160
2424 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name *Allison Edwards*

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

5920 NE 28th Ave

City *Fort Lauderdale* **FL**

Zip Code *33308*

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

Allison Edwards

4-26-02

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 *MGRM* ☐ **Delete**
NAME *Allison Edwards*
STREET ADDRESS *5920 NE 28th Ave*
CITY-ST-ZIP *Fort Lauderdale, FL 33308*

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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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:

Allison Edwards

MGRM

4-26-02

954-772-1441

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

Date

Daytime Phone #

CR2E083 (9/01)