FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90187 016 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001991

1. Entity Name
BLUE CODE USA LLC

30063834

Principal Place of Business
6971 NW 82 AVE.
MIAMI, FL 33166

Mailing Address
6971 NW 82 AVE.
MIAMI, FL 33166

2. Principal Place of Business: 8000 NW 31 STREET
Suite, Apt. #, etc.: SUITE #12
City & State: MIAMI, FLORIDA
Zip: 33122 Country: USA.

3. Mailing Address: 8000 NW 31 STREET
Suite, Apt. #, etc.: SUITE #12
City & State: MIAMI, FLORIDA.
Zip: 33122 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0727310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
EDUARDO SCHIANO, CHRISTIAN
6971 NW 82 AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name: EDUARDO SCHIANO, CHRISTIAN
Street Address (P.O. Box Number Is Not Acceptable): 8000 NW 31 STREET
SUITE #12
City: MIAMI FL Zip Code: 33122

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 × 04/21/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHRISTIAN E. SCHIANO 6971 NW 82 AVE. MIAMI, FL. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHRISTIAN E. SCHIANO 8000 NW 31 STREET . SUITE #12 MIAMI, FLORIDA 33122 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: × C. E. SCHIANO MGR 04/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
786-356-6265