

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90301 020 \*\*\*\*50.00

**DOCUMENT # L02000012423**

1. Entity Name

**BLUERIDE, LLC**



Principal Place of Business

**310 VENETIAN WAY #1106  
MIAMI BEACH FL 33139**

Mailing Address

**310 VENETIAN WAY #1106  
MIAMI BEACH FL 33139**

**55022691**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**10 Venetian Way  
Suite, Apt. #, etc. 1106**

3. Mailing Address

**10 Venetian Way  
Suite, Apt. #, etc. 1106**

City & State

**Miami Beach, FL**

City & State

**Miami Beach, FL**

4. FEI Number

**03-0449581**

Applied For

☐ Not Applicable

Zip **33139**

Country **USA**

Zip **33139**

Country **USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONSOUR, GEORGE M  
310 VENETIAN WAY #1106  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

**10 Venetian Way  
Apt. 1106**

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

**George Monsour**

**2-2-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. George Monsour 10 Venetian Way Apt 1106 Miami Beach FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**George Monsour**

**2-2-03**

**305-535-9045**

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

Date

Daytime Phone #

CR2ED83 (10/02)