

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90113 006 ***150.00

DOCUMENT # L98846

1. Entity Name

BLUE POINT PROPERTIES INC.

Principal Place of Business

Mailing Address

SHAPO, FREEDMAN & BLOOM
 200 SOUTH BISCAYNE STE 4750
 MIAMI FL 33131
 US

LOEB, BLOCK & PARTNERS LLP
 505 PARK AVENUE 9TH FLOOR
 NEW YORK NY 10022-1106
 US

2. Principal Place of Business

% LEONARD BLOOM PA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 S. Biscayne Blvd Ste 3000

City & State
Miami, Florida

City & State

Zip
33131

Country
U.S.A.

Zip

Country

4. FEI Number
58-1919747

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA R AGENTS
BLU FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD SUITE 4750
MIAMI FL 33131

Name **B&C CORPORATE SERVICES, INC.**

Street Address (B.C. For Mailing Address (Not Applicable))

201 SOUTH BISCAYNE BLVD. STE. 3000

City **MIAMI** **FL** Zip Code **33131**

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 *Ande Salgado, Vice President* DATE *04/26/2000*)
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FURMANSKI, MARRIANA 444 BRICKELL AVE #420 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FURMANSKI, SABA 444 BRICKELL AVE #420 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FURMANSKI, ALBERTO 444 BRICKELL AVE #420 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FURMANSKI, CAROL 444 BRICKELL AVE #420 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SELZER, HERBERT M 505 PARK AVE SUITE 900 NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FURMANSKI, MARRIANA 444 BRICKELL AVE #420 MIAMI FL	<input type="checkbox"/> Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert M. Selzer
 Date *4/26/00* Daytime Phone # *212-755-5510*

CR2E034 (9/99)