

# 2002 UNIFORM BUSINESS REPORT (UBR)

50.00

0009805

DOCUMENT # L99000007110

1. Entity Name

BLUE, L.C.

FILED

02 MAY 10 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

4675 PONCE DE LEON BLVD., STE. 305  
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., STE. 305  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR.  
4675 PONCE DE LEON BLVD., STE. 305  
CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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

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

200005502322--8  
-05/10/02--01031--009  
\*\*\*\*\*450.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete  
NAME HARRINGTON, NEAL L  
STREET ADDRESS ~~899 SOUTH AMERICA WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33132~~

TITLE P ☒ Change ☐ Addition  
NAME Harrington, Neal, L.  
STREET ADDRESS 4150 Bay Point Road  
CITY-ST-ZIP Miami, FL 33137

TITLE V ☐ Delete  
NAME HARRINGTON, STEPHEN C  
STREET ADDRESS ~~899 SOUTH AMERICA WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33132~~

TITLE V ☒ Change ☐ Addition  
NAME Harrington, Stephen, C.  
STREET ADDRESS 4550 Bay Point Road  
CITY-ST-ZIP Miami, FL 33137

TITLE ~~AS~~ ☒ Delete  
NAME ~~PAGELLA, ANTHONY~~  
STREET ADDRESS ~~899 SOUTH AMERICA WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33132~~

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Secy STINSON, Louis Jr*  
STREET ADDRESS *4675 Ponce de Leon Blvd #305*  
CITY-ST-ZIP *CORAL GABLES FL 33146*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 *[Signature]* REQUIRED

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

4/18/02

Date

305-667-7571

Daytime Phone #

CR2E083 (9/01)