

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90180 027 \*\*\*150.00

**DOCUMENT # M09633**

1. Entity Name  
**DEEP BLUE, INC.**



Principal Place of Business

~~3300 RICE STREET~~

~~#8~~  
**MIAMI FL 33133**  
**US**

Mailing Address

~~3300 RICE STREET~~

~~#8~~  
**MIAMI FL 33133**  
**US**

2. Principal Place of Business

**1600 SW 62 Avenue**

Suite, Apt. #, etc.  
**Miami R.**

City & State

3. Mailing Address

**1600 SW 62 Avenue**

Suite, Apt. #, etc.

City & State

**Miami R.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2656440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SANDRA L ADAMS**

~~3300 RICE ST. SUITE 8~~

**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

**1600 SW 62 Avenue**

City

**Miami**

**FL**

Zip Code

**33155**

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

*[Signature]*

**SANDRA L ADAMS**

**4/17/03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ADAMS SANDRA	
STREET ADDRESS	<del>3300 RICE STREET SUITE 8</del>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEDINA, LISA	
STREET ADDRESS	<del>3300 RICE STREET STE 8</del>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1600 SW 62 Avenue</b>	
CITY-ST-ZIP	<b>Miami FL 33155</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1600 SW 62 Avenue</b>	
CITY-ST-ZIP	<b>Miami FL 33155</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03**

Date

**305-461-5541**

Daytime Phone #

CR2E034 (10/02)