

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49408

1. Entity Name

BLUE PALM PROPERTIES INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90161 035 ***150.00

Principal Place of Business

Mailing Address

C/O PERLMAN & ASSOCIATES P.A.
799 BRICKELL PLAZA
MIAMI FL 33131
US

C/O PERLMAN & ASSOCIATES P.A.
799 BRICKELL PLAZA
MIAMI FL 33131-2816
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O George D. Perlman, P.A.
Suite, Apt. # etc. Suite 3000
701 Brickell Ave.

C/O George D. Perlman, P.A.
Suite, Apt. # etc. Suite 3000
701 Brickell Ave.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 59-2793622

Applied For
Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

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

PERLMAN & ASSOCIATE, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

Name
GEORGE D. Perlman, P.A.
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave, Suite 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DELETE
D	PERLMAN, GEORGE D.	799 BRICKELL PLAZA, SUITE 900	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Director + President - Secretary	Perlman, George D.	701 Brickell Ave, Suite 3000	Miami, Florida 33131	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)