

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006820

1. Entity Name

BLUE STAR OF SOUTH FLORIDA INC.

Principal Place of Business

1350 EAST SUNRISE BLVD STE 164
FT LAUDERDALE FL 33304

Mailing Address

7186 N.W. 80TH WAY
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0992436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARAINÉ, SHRIDAT
7186 N.W. 80TH WAY
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARAINE, SHRIDAT
STREET ADDRESS 7186 N.W. 80TH WAY
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE D
NAME SINGH, PATRICK
STREET ADDRESS 6724 S.W. 28TH COURT
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

TITLE D
NAME LOWTAA, PAUL PREMSASAR
STREET ADDRESS 148 N.E. 38TH STREET, APT. 30
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

TITLE D
NAME BERRY, RANDY
STREET ADDRESS 132 N.W. 20TH STREET
CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Delete

TITLE D
NAME JASMINE, LISA
STREET ADDRESS 1986 N.E. 35TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME NARAINÉ SHRIDAT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D
NAME LOWTAN, PAUL PREMSASAR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 2001

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90046 008 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)