

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90172 010 \*\*\*150.00

**DOCUMENT #** P00000011174  
**1. Entity Name**

BLUE BANANA, INC.

**Principal Place of Business** 5631 Winston Park Blvd.  
 # 308  
 Coconut Creek, FL 33073  
**Mailing Address** 5631 Winston Park Blvd.  
 # 308  
 Coconut Creek, FL 33073

LUU57248

**2. Principal Place of Business** 300 Galen Dr.  
 Suite, Apt. #, etc. Ste. 401  
 City & State Key Biscayne, Florida  
 Zip Country 33149  
**3. Mailing Address** 300 Galen Dr.  
 Suite, Apt. #, etc. Suite 401  
 City & State Key Biscayne, Florida  
 Zip Country 33149

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0996283  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Luisis, Mario  
 1762 SW 5th. St. # 3  
 Miami, FL 33135

**7. Name and Address of New Registered Agent**

**Name** Susan Pais  
**Street Address (P.O. Box Number is Not Acceptable)** 300 Galen Dr.  
**City** Ste. 401  
**Key Biscayne FL 33149**

**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** *Susan Pais*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4/11/01

**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, 2001 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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Maria A. Delgado	
<b>STREET ADDRESS</b>	300 Galen Dr. # 401	
<b>CITY-ST-ZIP</b>	Key Biscayne, FL 33149	
<b>TITLE</b>	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Susan Pais	
<b>STREET ADDRESS</b>	300 Galen Dr. # 401	
<b>CITY-ST-ZIP</b>	Key Biscayne, FL 33149	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Susan Pais* **SUSAN PAIS**

4/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #