

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90133 004 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 62910
 1. Entity Name
Blue Star Productions of South Florida Inc.

DO NOT WRITE IN THIS SPACE

830496

2. Principal Place of Business <u>2369 Pine Tree DR.</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc. <u>#20</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI BEACH FL</u>		City & State	
Zip <u>33140</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <u>65-1020234</u>		Applied For <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent			
		Name <u>CARRILLO, JOSE</u>			
		Street Address (P.O. Box Number is Not Acceptable) <u>1140 ROBIN AVE.</u>			
		City <u>MIAMI SPRINGS.</u>	FL	Zip Code <u>33166</u>	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PSTD CARRILLO, JOSE 1140 ROBIN AVE MIAMI SPRINGS, FL, 33166.</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARRILLO JOSE CARRILLO 4-4-02 305-887-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)