

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073769

1. Entity Name

BLUE CONSTRUCTION GROUP, CORP.

Principal Place of Business

10295 COLLINS AVENUE, NO. 105  
BAL HARBOUR FL 33154

Mailing Address

10295 COLLINS AVENUE, NO. 105  
BAL HARBOUR FL 33154

2. Principal Place of Business

835 SALZEDO ST.

Suite, Apt. #, etc.

3. Mailing Address

835 SALZEDO ST.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

U.S.A.

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

U.S.A.

4. FEI Number

65-1032509

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISTURIZ, JAVIER J  
10295 COLLINS AVENUE, NO. 105  
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name ISTURIZ, JAVIER J.

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

835 SALZEDO ST.

City

CORAL GABLES

FL

Zip Code

33134

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)

4/30/01

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, 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

TITLE D  
NAME ISTURIZ, JAVIER J  
STREET ADDRESS 10295 COLLINS AVENUE, NO. 105  
CITY-ST-ZIP BAL HARBOUR FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ISTURIZ, JAVIER J  
STREET ADDRESS 835 SALZEDO ST.  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE T  
NAME KIMBERLY DE AEMAS  
STREET ADDRESS 835 SALZEDO ST.  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☐ Change ☒ Addition

TITLE S  
NAME WILLIAM NIESEN  
STREET ADDRESS 536 14TH ST. # 307  
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Change ☒ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-31-01

305-529-5806

CR2E034 (10/00)

973432  
073432

DO NOT WRITE IN THIS SPACE