

5/14

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-14-2001 90273 050 ***158.75

DOCUMENT # P00000090888

1. Entity Name

AZURE INVESTMENTS, INC.

Principal Place of Business

10820-5TH AVE. GULF
MARATHON FL 33050

Mailing Address

P.O. BOX 522872
MARATHON SHORES FL 33052

2. Principal Place of Business

709 ARDMORE RD

Suite, Apt. #, etc.

3. Mailing Address

709 ARDMORE RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-1042033

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CONNIE MAC MAHON P.A.
63-53RD STREET OCEAN
MARATHON FL 33050

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

Sig.

Typed

Registered agent and how 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, 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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **GREGORY ALAN MEUNIER**
 CITY-ST-ZIP **709 ARDMORE RD.**
WEST PALM BEACH FL 33401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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

4-21-2001

Date

561-722-9655

Daytime Phone #

CR2E034 (10/00)