

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90041 014 \*\*\*150.00

**DOCUMENT # P01000019832**

1. Entity Name  
**BLUE DOT TRADING CORP.**

Principal Place of Business  
**4380 NW 128 STREET  
 OPA LOCKA FL 33054**

Mailing Address  
**4380 NW 128 STREET  
 OPA LOCKA FL 33054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1079720		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PARAVISINI, GABRIEL</b> <b>4380 NW 128 STREET</b> <b>OPA LOCKA FL 33054</b>				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 *Gabriel Paravisini* DATE 4/01/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOTTOME, RICARDO		NAME				
STREET ADDRESS	4380 NW 128 STREET		STREET ADDRESS				
CITY- ST- ZIP	OPA LOCKA FL 33054		CITY- ST- ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARAVISINI, GABRIEL		NAME				
STREET ADDRESS	4380 NW 128 STREET		STREET ADDRESS				
CITY- ST- ZIP	OPA LOCKA FL 33054		CITY- ST- ZIP				
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTELLANI, ROSANNA		NAME				
STREET ADDRESS	4380 NW 128 STREET		STREET ADDRESS				
CITY- ST- ZIP	OPA LOCKA FL 33054		CITY- ST- ZIP				
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOROCK, ADRIANO		NAME				
STREET ADDRESS	4380 NW 128 STREET		STREET ADDRESS				
CITY- ST- ZIP	OPA LOCKA FL 33054		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a power like empowered.

SIGNATURE: *Gabriel Paravisini* DATE 4/01/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR