4/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

04-29-2002 90179 026 ***150.00

39492

DOCUMENT # P01000105877

1. Entity Name
BLUE HEAVEN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1290 5TH ST. MIAMI BEACH FL 33139	1290 5TH ST. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1153191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAW OFFICE OF JOHN H. THOMAS, P.A. BRICKELL BAYVIEW CENTRE 80 SW 8TH ST., STE. 2809 MIAMI FL 33130	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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RUSSELL F 2519 BOWEN ST. OSHKOSH WI 54901-2021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JEANNETTE E 2519 BOWEN ST. OSHKOSH WI 54901-2021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: SEE ATTACHMENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

39492

DOCUMENT # P01000105877

1. Entity Name

BLUE HEAVEN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1290 5TH ST. MIAMI BEACH FL 33139	1290 5TH ST. MIAMI BEACH FL 33139

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1153191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICE OF JOHN H. THOMAS, P.A.
BRICKELL BAYVIEW CENTRE
80 SW 8TH ST., STE. 2809
MIAMI FL 33130

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 John H. Thomas 4/15/02
Signature, typed or printed name of registered agent and title if 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, RUSSELL F 2519 BOWEN ST. OSHKOSH WI 54901-2021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JEANNETTE E 2519 BOWEN ST. OSHKOSH WI 54901-2021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Susan W. Everhard 1281 South Venetian Way Miami, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alex Lawryk 1290 Fifth Street, Miami Beach FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Marilyn Lawryk 1290 Fifth Street Miami Beach, FL 33139	☐ Delete	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 added to the report.

SIGNATURE: Susan W. Everhard 4/15/02 (305)532-8600x119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. McClement

39492 [redacted] 9595

FLORIDA YACHT CHARTERS AND SALES, INC.
1290 5TH STREET
MIAMI BEACH, FL 33139 (305) 532-8600

MELLON UNITED NATIONAL BANK
63-964/670

CHECK [redacted]
#P01000105877

⑈050181066⑈ 0114 0142 23 05-07-02

PAY TO THE ORDER OF ***ONE HUNDRED FIFTY DOLLARS AND NO CENTS***

DATE 04/16/02 CONTROL NO. CK 9595 AMOUNT $$$$$150.00

DEPARTMENT OF STATE
P O BOX 1500
TALLAHASSEE FL 32302-1500

FLORIDA YACHT CHARTERS AND SALES, INC.

Gina V. Enlad.
AUTHORIZED SIGNATURE

Security features. Details on back.

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APR 25 2002

DEPARTMENT OF STATE
CASHIER'S USE ONLY
ACCT# 1100008796

Enclosed please find a copy of our Cancelled Check #9595 showing that it was deposited on 4/25/02. Therefore it was paid in full for Blue Heaven Productions Inc before the deadline.

Thank You,
Gina C. Melgarejo
Gina C. Melgarejo