

FILED
Aug 01, 2003 8:00 am
Secretary of State

05-22-2003 90142 014 ***150.00

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

DOCUMENT # P01000114392	
1. Entity Name BLUE SEA LAND, INC.	

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44005673

2. Principal Place of Business 299 N RIVER SIDE DRIVE		3. Mailing Address 299 N RIVER SIDE DRIVE	
Suite, Apt. #, etc. # 703		Suite, Apt. #, etc. # 703	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33062	Country USA	Zip 33062	Country USA

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DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1156806		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MARIA A RAMOS		
Street Address (P.O. Box Number is Not Acceptable)			
8255 SW 141 STREET			
City MIAMI, FL			
Zip Code 33158			

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.

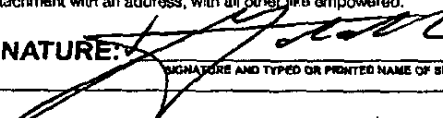
SIGNATURE  MARIA A RAMOS 07-29-03
(NOTE: Registered Agent signature required when reappointing) DATE:

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVALDO KOWALSKY PRES/DIRECTOR RUA CESAR AUGUSTO DALCOQUIO 2020 88311-510 Itajai, BRAZIL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELACI DA GRACA MEDEIROS KOWALSKY DIRECTOR RUA CESAR AUGUSTO DALCOQUIO 2020 88311-510 Itajai, BRAZIL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CICERO KOWALSKY DIRECTOR RUA CESAR AUGUSTO DALCOQUIO 2020 88311-510 Itajai, BRAZIL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CIRO KOWALSKY DIRECTOR RUA CESAR AUGUSTO DALCOQUIO 2020 88311-510 Itajai, BRAZIL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIHEGO KOWALSKY DIRECTOR RUA CESAR AUGUSTO DALCOQUIO 2020 88311-510 Itajai, BRAZIL

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  EVALDO KOWALSKY PRESIDENT MAY 19, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #