

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90190 021 ***150.00

DOCUMENT # P01000117045

1. Entity Name
BLUECHIP TECHNOLOGIES CORP.



Principal Place of Business
**5040 SOUTHWEST 96TH AVENUE
MIAMI FL 33165**

Mailing Address
**5040 SOUTHWEST 96TH AVENUE
MIAMI FL 33165**

2. Principal Place of Business
19620 PINES BLVD

3. Mailing Address
19620 PINES BLVD

Suite, Apt. #, etc.
SUITE 114

Suite, Apt. #, etc.
SUITE 114

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number
65-1159873

Applied For
☐ Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **RON LANEVE**
Street Address (P.O. Box Number is Not Acceptable)
19620 PINES BLVD SUITE 114
City **PEMBROKE PINES** FL Zip Code **33029**

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 **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **RODRIGUEZ, JOEL**
STREET ADDRESS **5040 SOUTHWEST 96TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VD** ☒ Change ☐ Addition
NAME **JOEL RODRIGUEZ**
STREET ADDRESS **19620 PINES BLVD STE 114**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **T** ☒ Delete
NAME **DE LA FERIA, DOLORES**
STREET ADDRESS **5040 SOUTHWEST 96TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PD** ☐ Change ☒ Addition
NAME **RON LANEVE**
STREET ADDRESS **19620 PINES BLVD STE 114**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSD** ☐ Change ☒ Addition
NAME **MICHELLE LANEVE**
STREET ADDRESS **19620 PINES BLVD STE 114**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003 954 499 3671
Date Daytime Phone #

CR2E034 (10/02)