05/01/03 10:08 CPA OFFICES LG WH AK AL → 9545249845

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91888 008 ***150.00

DOCUMENT # P02000017205

1. Entity Name

Blue World Corporation

1104493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2150 Southeast 17th St		2150 Southeast 17th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 16		Suite 16	
City & State		City & State	
Fort Lauderdale, FL		Fort Lauderdale, FL	
Zip	Country	Zip	Country
33316	U.S.A.	33316	U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3655195 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Russell, Patrick Esq

Street Address (P.O. Box Number is Not Acceptable): 201 West Flagler Street

City: Miami FL Zip Code: 33130

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: _____ 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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	VP/T/D	TITLE	
NAME	Levi, Avi	NAME	
STREET ADDRESS	2150 Southeast 17th Street #16	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	CITY-ST-ZIP	
TITLE	P/S	TITLE	
NAME	Levi, Moris	NAME	
STREET ADDRESS	2150 Southeast 17th Street #16	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐		TITLE ☐	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-1-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #