

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

3/2

03-26-2003 90122 017 \*\*\*150.00

**DOCUMENT #** P02000022100

1. Entity Name  
BLUEFACE DEVELOPMENT INC.



Principal Place of Business  
1825 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129

Mailing Address  
1925 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129

2. Principal Place of Business  
14210 NW 88th place

3. Mailing Address  
14210 N.W. 88th place

Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

Zip  
33018

Country  
USA

4. FEI Number  
01-0616202

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BESU, ROGER  
1925 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name  
Hector Marrero

Street Address (P.O. Box Number is Not Acceptable)  
14210 N.W. 88th place

City  
Miami

FL

Zip Code  
33018

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-17-03

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESU, ROGER 1925 BRICKELL AVENUE SUITE D206 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

Date: 3-17-03

Daytime Phone #: 305-525-5214

CR2E034 (10/02)