

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90172 050 ***158.75

DOCUMENT # P02000111652

1. Entity Name

Blue Rivers Realty Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 Coral Way

Suite, Apt. #, etc.

#627

City & State

Miami, Florida

Zip

33145

Country

Dade

3. Mailing Address

P.O. Box 01-0883

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33101

Country

Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4216927

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Adriene Posely**

Street Address (P.O. Box Number is Not Acceptable)

1010 NW 11th Street #203

City **Miami**

FL

Zip Code
33136

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 *Adriene Posely*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/4/03

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Adriene Posely - President 51%
1010 NW 11th St. #203
Miami, Florida 33136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mariano Palenzuela - Vice President 49%
1619 NE 169th Street
North Miami Beach, Florida 33162

TITLE
NAME
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CITY-ST-ZIP
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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: *Adriene Posely*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/03 *796-289 8117*

Date

Daytime Phone #

CR2E034B (12/02)