## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P93000044583 May 24, 2000 8:00 am Secretary of State BLUE OCEAN BLUE, INC. 05-24-2000 90049 030 \*\*\*150.00 Mailing Address Principal Place of Business 2410 N. BAY RD. 2410 N. BAY RD. MIAMI BEACH FL 33140-4263 MIAMI BEACH FL 33140 しひひて いしむり 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0435473 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, SUNDRA Street Address (P.O. Box Number is Not Acceptable) 2410 N. BAY RD. MIAMI BEACH FL 33140 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE COOK, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 2410 N. BAY RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Change ☐ Addition ☐ Delete TITLE TITLE COOK, JAMES III NAME NAME STREET ADDRESS 2410 N. BAY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

4-21-21-0 305-534