

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063292

1. Entity Name  
BLUE MARLIN, INC.

Principal Place of Business  
13900 SW 24TH ST  
DAVIE FL 33325

Mailing Address  
13900 SW 24TH ST  
DAVIE FL 33325

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90049 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0547916      Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

BELOYAN, ALICIA J  
13900 SW 24TH ST  
DAVIE FL 33325

Name

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

City

FL

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.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BELOYAN, ALICIA J 13900 SW 24TH ST DAVIE FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

*Alicia J. Beloyan*

*3/22/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002