

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055721

1. Entity Name

BLUE RITMO INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90142 026 ***150.00

Principal Place of Business

Mailing Address

4833 NE 23RD AVENUE #6
 FT. LAUDERDALE FL 33308

4833 NE 23RD AVENUE #6
 FT. LAUDERDALE FL 33308-4792

2. Principal Place of Business

2013 NE 20 AV

3. Mailing Address

2013 NE 20 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0602920

Applied For

Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDOSO, GELSON
 4833 NE 23RD AVENUE #6
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: GELSON CARDOSO
 Street Address (P.O. Box Number is Not Acceptable): 2013 NE 20 AV
 City: FORT LAUDERDALE FL Zip Code: 33305

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, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARDOSO, GELSON	
STREET ADDRESS	4833 NE 23RD AVENUE #6	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELSON CARDOSO	
STREET ADDRESS	2013 NE 20 AV	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerers.

SIGNATURE:

Gelson Cardoso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Gelson Cardoso
 2013 NE 20 Av
 Fort Lauderdale, FL
 33305

4/21/00 (954) 5645530
 Date Daytime Phone #

CR2E034 (9/99)