## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P95000055721** May 10, 2000 8:00 am 1. Entity Name Secretary of State BLUE RITMO INC. 05-10-2000 90142 026 \*\*\*150.00 Mailing Address Principal Place of Business 4833 NE 23RD AVENUE #6 4833 NE 23RD AVENUE #6 FT. LAUDERDALE FL 33308-4792 FT. LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business 2013 NE 20 OV 2013 NE 20 AU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. FOR State OUDERS AVE Applied For City & State A JOE ADA LE 4. FEI Number 65-0602920 Not Applicable Country J 5 A \$8.75 Additional 3305 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDOSO CARDOSO, GELSON Street Address (P.O. Box Number is Not Acceptable) 2013 PE 20 AV 4833 NE 23RD AVENUE #6 FT. LAUDERDALE FL 33308 VORT LAUDERDALE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PD Delete TITLE TITLE GELSON CARDOSO CARDOSO, GELSON NAME NAME 2013 PE 20 AU STREET ADDRESS 4833 NE 23RD AVENUE #6 STREET ADDRESS Ft Laupersale FL 33305 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 repeiver or trustee empowered to execute this leport 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 empowere.

Gelson Cardoso 2013 NE 20 Av Fort Lauderdale, FL

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SIGNATURE AND TYPED CRAMINTED NAME OF SIGNING OFFICE