

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 037 ***158.75

DOCUMENT # P95000067379
1. Entity Name
 BLUE STAR REALTY, INC

Principal Place of Business **Mailing Address**
 417 GOOLSBY BLVD SAME
 DEERFIELD BEACH FL 33442

2. Principal Place of Business **3. Mailing Address**
 417 GOOLSBY BLVD 417 GOOLSBY BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 DEERFIELD BEACH FL DEERFIELD BEACH FL
Zip **Country** **Zip** **Country**
 33442 USA 33442 USA

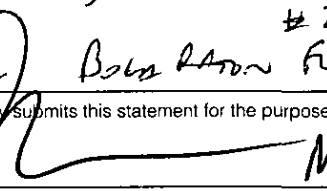
4. FEI Number **Applied For**
 65-0614939 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

BU891386

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 RUSSELL MADRIS
 3401 N FEDERAL HWY #216
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name MICHAEL HORVITZ
Street Address (P.O. Box Number is Not Acceptable)
 417 GOOLSBY BLVD
City DEERFIELD BEACH **FL** **Zip Code** 33442

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  MICHAEL D. HORVITZ PRESIDENT
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)

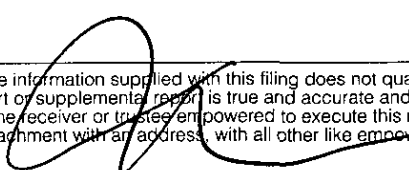
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME MICHAEL D HORVITZ	
STREET ADDRESS 417 GOOLSBY BLVD	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE RUSSELL MADRIS	<input type="checkbox"/> Delete
NAME RUSSELL MADRIS	
STREET ADDRESS 3601 N FEDERAL HWY #216	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE SECRETARY TREASURER	<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	<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	
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 empowered.

SIGNATURE:  MICHAEL D HORVITZ 954 427 9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)