

### 2001 UNIFORM BUSINESS REPORT (UBR)

0096230 AV

**DOCUMENT #:** P96000025341  
 1. Entity Name  
**BLUE MONSTER DQ INC.**

**FILED**  
 01 SEP 20 AM 11:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**9557 NW 41ST STREET**      **9557 NW 41ST STREET**  
**MIAMI FL 33178**      **MIAMI FL 33178**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MAYCOCK, STACY**  
**18830 NW 11 AVE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent  
 Name: **Theresa Maycock**  
 Street Address (P.O. Box Number is Not Acceptable): **18830 N.W. 11th Ave**  
**Miami, FL 33169**  
 City: **miami**      FL      Zip Code: **33169**

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: Theresa Maycock  
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.  **FILE NOW!!! FEE IS \$550.00...**  
(See criteria on back)      **After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAYCOCK, STACEY</b> <b>18830 NW 11 AVE</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Theresa Maycock</b> <b>18830 N.W. 11th</b> <b>Miami, FL 33169</b>
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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.

SIGNATURE: Theresa Maycock      8-12-01      786-251-2379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)