

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P96000086291
Entity Name	BLUE IMPORT-EXPORT INC.

Principal Place of Business	901 PONCE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134
Mailing Address	901 PONCE DE LEON BLVD 601 CORAL GABLES FL 33134 US

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

Zip	Country	4. FEI Number	65-0710033	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required			



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	SEGREDO, FRANK J 901 PONCE DE LEON BLVD SUITE 801 CORAL GABLES FL 33134
7. Name and Address of New Registered Agent	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 if applicable)	(NOTE: Registered Agent signature required when re-appointing)	DATE
This corporation is eligible to elect S corporation status.	<input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>

FIVE MONTH FEE IS \$160.00
After May 2, 2002 Fee will be \$220.00
Amounts Payable to Department of State

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	ATTME, JORGE OSCAR 901 PONCE DE LEON BLVD., C/O ALBORNOZ SEGR CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information furnished on this 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 registered agent authorized 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 to this report, with all other like empowered.

SIGNATURE:	DATE	Daytime Phone #
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CREC04 (9/01)