2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000070639 **DOCUMENT #**

1. Entity Name

BLUESTAR MANAGEMENT, INC.

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FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90144 019 ***150.00

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	ace of Business MOORE ROAD			Address									
#414			2901 CLINT MOORE ROAD #414										
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BOCA RATON FL 33496 US BOCA RATON FL 33496 US													
	Place of Business						_				# # ## # #############################		
2. Principal	Place of Business		3. Madir	ng Address			-				10110 #1104	i 1111 11. 1011 1 01 11	
Suite, Apt	t. #, etc.	- 11	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Sta	ate		City & State			4. FEI Number 65-0920130 Applied For Not Applied be							
Zip Country Zip				Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and A	Address of Current R	egistered	Agent			7. Nam	e and Address of	New Registe			·u	
			.		N	ame	- 1 //	to and Address of	ivew riegiste	Tou Ageil	<u></u>		
BECK, HI	ERBERT												
2901 CLI	NT MOORE ROAL) #414			S	treet Address	(P.O. Box N	Number is Not Acce	eptable)				
BOCA RA	ATON FL 33496												
						ity		- <u></u>		ГЬ	Zip Cod		
t the obliga	e named entity subnations of registered a	nits this statement for t	he purpos	se of changing its	registered of	ffice or registe	ered agent,	or both, in the State	of Florida.	am famili	iar with,	and accept	
* **	· ·	-				a.							
SIGNATURE	Signature, typed or printe	name of registered agent and	Little if applic	able (NOTE	Pagistared Ana	nt signature require	od when rejectati	(na)		-TE			
				und i	riegistered Agai	in algulature require	SO WHEN TENISLED			ATE			
	FILE NOW!!! FEI							9. Election Campa	ion Financino	1	\$5.0	0 May Be	
Make Chec	er May 1, 2003 Fee k Payable to Flori	e will be \$550.00 da Department of S	itate				Í	Trust Fund Cont		' _□	Added	to Fees	
10.		OFFICERS AND DI	RECTORS	S	11.		ADDITI	IONS/CHANGES T	O OFFICERS	AND DIR	ECTOR!	S IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #