

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010625

1. Entity Name

BLUSHIN, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90030 024 \*\*\*150.00

Principal Place of Business	Mailing Address
1001 N FEDERAL HWY #303 HALLANDALE FL 33009	1001 N FEDERAL HWY #322 HALLANDALE FL 33009-2425 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1001 N. Federal Hwy Suite, Apt. #, etc. #303 City & State Hallandale, FL Zip 33009 Country USA	1001 N. Federal Hwy Suite, Apt. #, etc. #303 City & State Hallandale, FL Zip 33009 Country USA

4. FEI Number	65-0819833	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BOTERO, LUIS FERNANDO 3302 NE 166 STREET NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BOTERO, LUIS FERNANDO	NAME	
STREET ADDRESS	3302 NE 166 STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE	V	TITLE	UP
NAME	MALKUN, LUIS F	NAME	MALKUN, LUIS F
STREET ADDRESS	2030 S OCEAN DR #1416	STREET ADDRESS	18671 COLLINS AV #3103
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	MIAMI, FL 33160
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Luis F. Malkun 4.13.00 954 456 3620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)