

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91597 042 \*\*\*150.00

**DOCUMENT # P98000010625**

1. Entity Name

**BLUSHIN, INC.**

Principal Place of Business

1001 N FEDERAL HWY  
 #303  
 HALLANDALE FL 33009  
 US

Mailing Address

1001 N FEDERAL HWY  
 #303  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

**18671 COLLINS AVE**

3. Mailing Address

**18671 COLLINS AVE**

Suite, Apt. #, etc.

**3103**

Suite, Apt. #, etc.

**3103**

City & State

**Sunny Isles Bch, FL**

City & State

**Sunny Isles Bch, FL**

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

4. FEI Number **65-0819833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOTERO, LUIS FERNANDO**  
**3302 NE 166 STREET**  
**NORTH MIAMI BEACH FL 33160**

Name

**MALKUN, LUIS FERNANDO**

Street Address (P.O. Box Number is Not Acceptable)

**18671 COLLINS AVE #3103**

City

**SUNNY ISLES BEACH**

**FL**

Zip Code

**33160**

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

*Luis F. Malkun*

**LUIS FERNANDO MALKUN**

**5.15.01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **BOTERO, LUIS FERNANDO**  
 STREET ADDRESS **3302 NE 166 STREET**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **PD/V/S** ☐ Change ☒ Addition  
 NAME **MALKUN, LUIS FERNANDO**  
 STREET ADDRESS **18671 COLLINS AVE #3103**  
 CITY-ST-ZIP **SUNNY ISLES BCH, FL 33160**

TITLE **V** ☒ Delete  
 NAME **MALKUN, LUIS F**  
 STREET ADDRESS **18671 COLLINS AVE #3103**  
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Luis F. Malkun*

**LUIS FERNANDO MALKUN**

**5/15/01 305-933-3550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)