

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058558

1. Entity Name

BLUE HERON ENTERPRISES & GROUP, INC.

Principal Place of Business

4152 WEST BLUE HERON BLVD.  
STE 127  
RIVIERA BEACH FL 33404

Mailing Address

4152 WEST BLUE HERON BLVD.  
STE 127  
RIVIERA BEACH FL 33404-4859

2. Principal Place of Business

845 SO CONGRESS AVE  
Suite, Apt. #, etc.

3. Mailing Address

845 SO CONGRESS AVE  
Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BCH. FL

Zip  
33406

Country

Zip  
33406

Country

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: JOHN PARK  
Street Address (P.O. Box Number is Not Acceptable): 202 FOXTAIL DR H-1  
City: WEST PALM BCH. FL Zip Code: 33415

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-01

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARK, JOHN	
STREET ADDRESS	4152 WEST BLUE HERON BLVD.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PARK	
STREET ADDRESS	845 SO CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BCH. FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-01

Daytime Phone #

561-906-2093

900

FILED

01 FEB 12 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

4. FEI Number 65-0848286

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)