

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102975

I. Entity Name

BLUESTART CORPORATION

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 040 ***150.00

553181

Principal Place of Business
6800 SW 40TH ST
PMB #492
MIAMI FL 33155-3708

Mailing Address
6800 SW 40TH ST
PMB #492
MIAMI FL 33155-3708

2. Principal Place of Business
1400 SALZEDO ST
Suite, Apt. #, etc.
#110

3. Mailing Address
1400 SALZEDO ST.
Suite, Apt. #, etc.
#110

City & State
CORAL GABLES, FL

City & State
CORAL GABLES FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-0880978

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLAR, PEDRO
111 EDGEWATER DR, #2A
CORAL GABLES, FL 33133

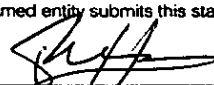
7. Name and Address of New Registered Agent

Name
VILLAR, PEDRO

Street Address (P.O. Box Number is Not Acceptable)
1400 SALZEDO ST. #110

City
CORAL GABLES FL Zip Code
33134

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  VILLAR, PEDRO

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

(NOTE: Registered Agent signature required when restate)

4/25/01

DATE

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

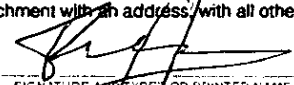
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSVD VILLAR PEDRO 111 EDGEWATER DR 2A CORAL GABLES FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD VILLAR OLGA 111 EDGEWATER DR. 2A CORAL GABLES FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  VILLAR, PEDRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

CR2E034 (1/1/00)