

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90218 026 \*\*\*150.00

**DOCUMENT # P98000104771**



1. Entity Name  
**BLUE COAST VENTURES, INC.**

Principal Place of Business  
**11206 NW 2ST  
MIAMI FL 33172**

Mailing Address  
**11206-NW-2ST  
MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1021453**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ALBELO, JUAN C  
10710 S.W. 5TH ST  
SUITE 109  
MIAMI FL 33174**

**7. Name and Address of New Registered Agent**

Name **ALBELO, JUAN C**  
Street Address (P.O. Box Number is Not Acceptable)  
**11206 NW 2 ST**  
City **MIAMI** FL Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PRESIDENT**

DATE **03/01/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBELO, JUAN C 10710 S.W. 5TH ST MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEOANE, MARILYN D 10710 S.W. 5TH ST MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 I am empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/01/03** (305) 553 3213

DATE

Daytime Phone #

CR2E034 (10/02)