

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106907

1. Entity Name

BLUE SKY INVESTMENT GROUP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90089 023 ***150.00

Principal Place of Business

Mailing Address

~~3389 SHERIDAN ST #180~~
~~HOLLYWOOD FL 33021~~

~~3389 SHERIDAN ST #180~~
~~HOLLYWOOD FL 33021 3606~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DELRAY BEACH FLORIDA
PO Box # 7073
33445 PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883152

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

~~WETMORE, WENDY~~
~~3389 SHERIDAN ST #180~~
~~HOLLYWOOD FL 33021~~

Name Harold Letterman
Street Address (P.O. Box Number is Not Acceptable)
15 S.E. 17th Street
City FT. Lauderdale FL Zip Code 33308

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

Wendy Wetmore / Wendy Letterman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WETMORE, WENDY	
STREET ADDRESS	3389 SHERIDAN ST #180	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		

TITLE	Alfred Tave	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	1000 S.W. 9th Rd.	
CITY-ST-ZIP	Hollywood FL 33021	
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:

Wendy Letterman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 1561/866-9192

Date

Daytime Phone #

CR2E034 (9/99)