FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 12 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023986091
10/21/03--01140--017 **150.00

DOCUMENT # P99000050047

1. Entity Name
BLEU BLANC ROUGE, INC

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

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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 65-0927169 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name ELBEZE, VALERIE, M

Street Address (P.O. Box Number is Not Acceptable) 1405 PLUNKETT STREET

City HOLLYWOOD FL Zip Code 33020

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 _____ DATE
Signature, if filing or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	ELBEZE, VALERIE M
STREET ADDRESS	1405 PLUNKETT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	ELBEZE, VICTOR
STREET ADDRESS	1405 PLUNKETT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/15/03 9549241571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

November 12, 2003

ATTN KATRINA SYLVIA 924-1571 (954)

Division of Corporation
P O Box 1500
Tallahassee, FL 32302-1500

RE: Blue Blue Rouge, Inc
P99000050047

Dear Agent,

Please reinstate the above corporation. The annual report was never received because our address has changed.

Thank you
Blue Blue Rouge, Inc