2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000079391 May 02, 2000 8:00 am 1. Entity Name Secretary of State BLUE HOLDINGS, INC. 05-02-2000 90119 013 ***150.00 Principal Place of Business Mailing Address 777 BRICKELL AVE STE 950 777 BRICKELL AVE STE 950 MIAMI FL 33131 MIAMI FL 33131-2811 2. Principal Place of Business 3. Mailing Address 150 Alhambra Cr. 150 Alhambra Cr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite # 1270</u> City & State City & State 4. FEI Number. Applied For Coral Gables, Fl. Coral Gables Not Applicable Zip Country 33134 \$8.75 Additional USA 5. Certificate of Status Desired 33134 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JOSE A <u>Rodriguez, Jose A.</u> 777 BRICKELL AVE STE 950 Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle MIAMI FL 33131 <u>S</u>uite # 1270 Coral Gables, Fl. state then for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intengible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE RODRIGUEZ, JOSE A IAME Change ☐ Addition ((ストル) RODRIGUEZ, JOSE A TREET ADDRESS 777 BRICKELL AVE STE 950 STREET ADDRESS 150 ALHAMBRA CR. #1270 ITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP CORAL GABLES, FL. 33134 ITLE ☐ Delete TITLE BOUCHER, RICHARD A AME ☐ Change ☐ Addition NAME BOUCHER, RICHARD A. TREET ADDRESS 777 BRICKELL AVE STE 950 STREET ADDRESS 150 ALHAMBRA CR. # 1270 ITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP CORAL GABLES, FL. 33134 TLE ☐ Delete TITLE Change AME Addition NAME reet address STREET ADDRESS TY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ME NAME REET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MARKE REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME EET ADDRESS STREET ADDRESS Y-ST-ZIP

I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the chapter 607 in an attachment with an address, with all other like empowered.

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