

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90387 048 ***150.00

DOCUMENT # P99000082396

1. Entity Name
TEQUILA BLUE, INC.



Principal Place of Business
**601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**

Mailing Address
**601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

MARTHA DAIEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601 Brickell Key Dr

City & State

City & State

MIAMI FL

Zip

Country

Zip

FL 33131

Country

4. FEI Number **65-0964078**

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

**VAZQUEZ, GERARDO A ESQ.
601 BRICKELL KEY DRIVE #802
MIAMI FL 33131**

Name

MARTHA DAIEN

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

601 Brickell Key Dr

City

MIAMI

FL

Zip Code

33131

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 **Martha Daien** **April 28, 2003**

Signature, typed or printed name 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 **S** ☐ Delete
NAME **VAZQUEZ, GERALDO A**
STREET ADDRESS **601 BRICKELL KEY DR., STE 802**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD J** ☐ Delete
NAME **DAIEN, MARTHA**
STREET ADDRESS **601 BRICKELL KEY DR., STE 802**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)