

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90316 049 ***150.00

DOCUMENT # V32653

1. Entity Name
BLUE ORGANIZATION, INC.

Principal Place of Business

2555 DAVIE RD
STE 110
FT LAUDERDALE FL 33317
US

Mailing Address

2555 DAVIE RD
STE 110
FT LAUDERDALE FL 33317
US

2. Principal Place of Business

320 S. Flamingo Rd.

3. Mailing Address

320 S. Flamingo Rd.

Suite, Apt. #, etc.

PMB 231

Suite, Apt. #, etc.

PMB 231

City & State

Pembroke Pines FL

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

Zip

33027

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0329406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUE, HAROLD
2555 DAVIE RD
STE 110
FT LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name: Jaimie Paul
Street Address (P.O. Box Number is Not Acceptable): 1131 SW 103 Ave
City: Pembroke Pines FL Zip Code: 33225

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: Jaimie Paul, Jaimie Paul
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/27/01
DATE

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, 2001 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

TITLE: D ☐ Delete
NAME: BLUE, HAROLD
STREET ADDRESS: 2555 DAVIE RD #110
CITY-ST-ZIP: FT. LAUDERDALE FL 33317

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 320 S. Flamingo Rd., PMB 231
CITY-ST-ZIP: Pembroke Pines, FL 33027

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (608) 95891
Date Daytime Phone #

CR2E034 (10/00)