FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90870 037 ***163.75

DOCUMENT # P00000101321

1. Entity Name
Boss Interior Contractors Inc.

DO NOT WRITE IN THIS SPACE

R0054112
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
342 SW 32 Av.	P.O. Box 972862
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach Fl.	City & State: Miami Fl
Zip 33442 Country U.S.	Zip 33197 Country U.S.

4. FEI Number 65-1050768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Christopher Thompson

Street Address (P.O. Box Number is Not Acceptable): 342 SW 32 Av.

City: Deerfield Beach FL Zip Code: 33442

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: Christopher Thompson — 3/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P	
NAME Christopher D. Thompson	
STREET ADDRESS 342 SW 32 Av.	
CITY-ST-ZIP Deerfield Beach Fl. 33442	
TITLE M	
NAME Jose Cerano	
STREET ADDRESS 17620 Atlantic Blvd Building #1 St#204	
CITY-ST-ZIP Sunny Isl. Beach Fl. 33160	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: Christopher Thompson — 3/14/02 — 305 219 6975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #