

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90848 015 ***150.00

DOCUMENT # P02000051455

1. Entity Name
BOLCAR INTERNATIONAL, INC.



Principal Place of Business

1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

10025836



2. Principal Place of Business

16500 COLLINS AVENUE

Suite, Apt. #, etc.

454

City & State

SUNNY ISLES FLORIDA

Zip

33160

Country

USA

3. Mailing Address

16500 COLLINS AVENUE

Suite, Apt. #, etc.

454

City & State

SUNNY ISLES FLORIDA

Zip

33160

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

47-0869789

☒ **Applied For**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBAYNA, MIGUEL ANGEL

1001 BRICKELL BAY DRIVE

SUITE 2600

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ROBAYNA MIGUEL ANGEL

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

16500 COLLINS AVENUE # 454

City SUNNY ISLES

FL

Zip Code

33160

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

(Signature of Registered Agent)

Register Agent

02-14-03

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

TITLE PD
NAME ROBAYNA, MIGUEL ANGEL ☐ **Delete**
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 2600
CITY-ST-ZIP MIAMI FL 33131

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

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ **Change** ☐ **Addition**
NAME ROBAYNA MIGUEL ANGEL
STREET ADDRESS 16500 COLLINS AVE # 454
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ **Change** ☒ **Addition**
NAME MIRTA SUSANA RIVERA
STREET ADDRESS 16500 COLLINS AVE. # 454
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ **Change** ☒ **Addition**
NAME LUCIANO R. PIERI
STREET ADDRESS 16500 COLLINS AVE # 454
CITY-ST-ZIP SUNNY ISLES, FL 33160

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 employed.

SIGNATURE:

(Signature of President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-14-03 (305) 788-1341

CR2E034 (10/02)