2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90344 050 ***150.00

005774 AV

DOCUMENT # P02000116801

1. Entity Name
BOLDEN HOLDINGS CORPORATION

Principal Place of Business 19200 NW 11 AVE MIAMI FL 33169	Mailing Address 19200 NW 11 AVE MIAMI FL 33169
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0440387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA AGENT SERVICES INC
1221 BRICKELL AVE STE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Gary J. Bolden
Street Address (P.O. Box Number is Not Acceptable) 19200 N W 11th Avenue
City MIAMI FL Zip Code 33169

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 Gary J Bolden 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOLDEN, GARY 19200 NW 11 AVE MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLDEN, FRANCINA 19200 NW 11 AVE MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

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: Gary J Bolden SIGNATURE REQUIRED 7/8/03 305-401-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
90142530

BOLDEN HOLDINGS CORPORATION

19200 NW 11th Avenue
Miami, FL 33169

Francina Bolden, Director
Gary Bolden, Director

July 7, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
~~Document #:~~
P020000116801

Dear Ms. Hood:

The purpose of this letter is to inform you that we did not receive the prior notice requesting this report. We are a new corporation. This is the first time we have received anything like this. Our desire is to completed abide by all rules and regulations established by government, without fail.

Please waive the late fee and find enclosed the $150.00 filing fee which would have been mailed immediately had we received this request.

Thank you for your cooperation.

Sincerely,

Francina Bolden