

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 022 ***150.00

DOCUMENT #

1. Entity Name **P 9800012190**

Boucher Brothers Management, Inc.

DO NOT WRITE IN THIS SPACE

80125729

2. Principal Place of Business
20971 NE. 30th Court

3. Mailing Address
20971 NE. 30th Court

Suite, Apt. #, etc. _____

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State **Aventura, FL**

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4. FEI Number **650884415**

Applied For
Not Applicable

Zip **33180**

Country **USA**

Zip **33180**

Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **James Rocco Boucher**

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

20971 NE. 30th Court

City **Aventura**

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES ROCCO BOUCHER

6/6/02

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 NAME STREET ADDRESS CITY - ST - ZIP	P JAMES ROCCO BOUCHER 20971 NE 30th Court Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Michael G. Boucher 3130 North 34th St Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Steven V. Boucher Miami Beach, FL 1200 West Avenue #406 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Pony A. Boucher Sunny Isles, FL 18531 North Bay Road 33160
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**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. BOUCHER

6/6/02

205-933-3776

Date

Daytime Phone #

CR2E034B (12/01)