2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000088371 **DOCUMENT#**



FILED Apr 07, 2003 8:00 am Secretary of State

1. Entity Nar BOSCH F		PROVEMENT, INC.	0000071				04-07-2003 90134 009 ***150.00	
Principal Place of Business 5760 WEST 13TH AVENUE HIALEAH FL 33012			Mailing Address 5760 WEST 13TH AVENUE HIALEAH FL 33012			,	T A BANGAN MA CAMA SANA BANK BANK BANK BANK BANK BANK BANK B	
2. Principal F	Place of Busin	ness	3. Mailing Address			,		
Suite, Apt	#, etc.	 	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & Sta	te	· **	City & State	•	<u> </u>	4	4. FEI Number 65-0958688 Applied For Not Applicable	
Zip Country			Zip 🛼	try	5	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	1		7	7. Name and Address of New Registered Agent	
-					Name			
BOSCH, V					Street Add	ress (PO	O. Box Number is Not Acceptable)	
5760 WEST 13TH AVENUE					Officer Address (1.0. Box Namoor is 1400 / Geography)			
[±] HIALEAH FL 33012								
			. '	City	FL Zip Code			
8. The above the obliga	e named entit tions of regist	y submits this statement fo ered agent.	r the purpose of changing its	s registere	ed office or re	egistered :	d agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Ciattt	or printed name of registered agent	and title is equipped. (NO	TE: Booistoro	d Agent signature i	raquirod uha	hen reinstating) DATE	
	Signature, typeu	or printed hards of registered agent		(C. negistere	u Agent signature i	1edaliea wile	ren remaining?	
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	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD		- Delete	TITLE	· T		Change Addition	
STREET ADDRESS	BOSCH, W 5760 WES HIALEAH F	i 13th av <u>en</u> ue	. 5		et address -ST-ZIP	~- ~		
		i 13th avenue	☐ Delete	TITLE NAM STRE	I	, - -*	☐ Change ☐ Addition	
CITY-ST-ZIP	HIALEAH F	L 33012	~ * * .	CITY	-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I		☐ Change ☐ Addition	
TITLE NAME		****	☐ Delete	TITLE	:		☐ Change ☐ Addition	
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CITY-ST-ZIP				-	-ST-ZIP			
TITLE			☐ Delete ~	TITLE NAM!	I .		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		•		STRE	ET ADDRESS ST-ZIP		-	
TITLE NAME			☐ Delete	TITLE			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -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 trusted amount of the corporation or the receiver or trusted amount of the corporation or the receiver or trusted amount of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporati

SIGNATURE: