

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90100 035 ***150.00

DOCUMENT # 39452

1. Entity Name

Boatmen's Industries, Inc.

Principal Place of Business

Mailing Address

BOATMEN'S INDUSTRIES INC

1197 SW 133 PL

MIAMI FL 33184

2. Principal Place of Business

1195 E. 27 STREET

Suite, Apt. #, etc.

3. Mailing Address

1197 S.W. 133 PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALEAH FL

City & State

MIAMI FL

4. FEI Number

59-1433059

Applied For

Not Applicable

Zip

33013

Country

MIAMI DADE

Zip

33184

Country

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANICETO E. FERNANDEZ

1197 S.W. 133 PL

MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

ANICETO E. FERNANDEZ

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

1197 S.W. 133 PL

City

MIAMI

FL

Zip Code

33184

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

Aniceto E. Fernandez

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)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 **PRESIDENT** ☐ Delete
NAME **ANICETO FERNANDEZ**
STREET ADDRESS **1197 SW 133 PL**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aniceto E. Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

May 15, 2000 305-836-8101

Date

Daytime Phone #

CR2E034 (9/99)