

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

FILED

02 AUG 12 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 652984

1. Entity Name

BOSANGLES MEN'S SHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 SOUTH COAST

3. Mailing Address

Suite, Apt. #, etc.

NORTHSHORE SHOPPING CENTER

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-1967558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPITZ, BERTHA

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

40 SOUTH COAST

City

Miami

FL

Zip Code

33147

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IN THIS SPACE**

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

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

PDS
SPITZ, BERTHA
40 SOUTH COAST
MIAMI, FL.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300007117773--4

-08/14/02--01083--011

****150.00 ****150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/02

Date

(305) 836-3606

Daytime Phone #

CR2E034B (12/01)