

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 005 ***158.75

DOCUMENT # F71743

1. Entity Name

PORT BOUGAINVILLE, INC.

Principal Place of Business

Mailing Address

**240 CRANDON BLVD
SUITE ~~400~~ 212
KEY BISCAYNE FL 33149
US****240 CRANDON BLVD
SUITE ~~400~~ 212
KEY BISCAYNE FL 33149-1543
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171005

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**KIENE, H. J
240 CRANDON BLVD.
SUITE 202
KEY BISCAYNE FL 33149**

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) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PTDS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SCHARENBERG, FRITZ E	101 CRANDON BLVD., #175	KEY BISCAYNE FL							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KIENE, H. JOSEPH	240 CRANDON BLVD #202	KEY BISCAYNE FL 33149							
				<input type="checkbox"/>		VICE PRESIDENT			<input type="checkbox"/>	<input type="checkbox"/>
						BLUEN BLASI				
						240 CRANDON BLVD #212				
						KEY BISCAYNE FL 33149				
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 12, 2000**305-361-2742**