LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 27, 2003 8:00 am Secretary of State 05-27-2003 90056 045 ****50.00

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BOSTRO	M'S, LLC			. 03-27-2003 900	30.00
	DO NOT WRITE	IN THIS SE	PACE	10105956	
2. Principal F 235 S Suite, Apt.	Place of Business . MAITLANDAVE #, etc.	3. Mailing Address S A M Suite, Apt. #, etc.		DO NOT WRITE IN	N THIS SPACE
1/5-	te / T/	City & State		4. FEI Number	Applied For
//////////////////////////////////////	ANO Country	Zip	Country	51-0431184	Not Applicable
3271	TI ORANGE			Certificate of Status Desired Name and Address of Current Reg	Fee Required
	DO NOT WI		Name CA	P.O. Box Number is Not Acceptable).	1
			City MA-17	LAND	FL Zip Code
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and the statement for the stateme	od title if applicable. Make Check Payabl	registered office or register FEE IS \$50.00 e to Florida Departme UE BY MAY 1	nt of State	-2 /-03
9. 7	MANAGING MEMBER	 RS/MANAGERS			
CHT-21-ZIP	PARS CHARLOS BOS PROU 235 S. MAITHANCE M MAITHANU FL 32	20 .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		12/02/
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE - NAME - STREET ADDRESS - CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE MAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of	sertify that the information supplied with to on this report is true and accurate and the	his filing does not qualify for	the exemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I furt	her certify that the information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WWW.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE