2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L26364

Entity Name: BOCA IMPORT-EXPORT, INC.

FILED Jan 06, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
% RICHARD A. MURDOCH 980 N. FEDERAL HIGHWAY, SUITE 410 FT LAUDERDALE, FL 33432 US			3400 MCINTOSH ROAD BLDG. E-11 FORT LAUDERDALE, FL 33335 US	
Current Mailing Address:			New Mailing Address:	
PO BOX 2 ^r FT LAUDE	1066 RDALE, FL 3	33335 US		
FEI Number:	65-0171820	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
C/O DICKE 980 N. FEI BOCA RAT	DERAL HWY. FON, FL 334	DOCH, REX AND SLOAN , #410 32 US		
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUF	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Can	npaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	JOSEPHS, TE 4355 N.W. 64		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	IMBER, SONJ 6422 N.W. 43		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (GIANNAKOS, 951 DESOTO BOCA RATON	RD., APT. 510	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TEWFICK S. JOSEPHS PD 01/06/2003

PHILLIPS, GRAHAM J

GASTOWN, VANCOUVER,

2 GOALER'S MEWS

Name:

Address:

City-St-Zip: