

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93126

1. Entity Name

BOBBERY ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90010 001 ***150.00

Principal Place of Business

8005 NW 98 ST.
HIALEAH GARDENS FL 33016
US

Mailing Address

8005 NW 98 STREET
HIALEAH GARDENS FL 33016
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 65-0212707

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MECOZZI, MILTON L.
19101 MYSTIC POINTE DRIVE
N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

21050 Point Place #1602

City

Aventura

FL

Zip Code

33180

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, 2001 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 DPT
NAME MECOZZI, MILTON L.
STREET ADDRESS 19101 MYSTIC POINTE DR
CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete

TITLE DVS
NAME MECOZZI, CARMELA L.P.
STREET ADDRESS 1901 MYSTIC POINTE DR
CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete

TITLE DVP
NAME Mecozzi, Milton Jr.
STREET ADDRESS 11163 NW 71 Terrace
CITY-ST-ZIP Miami FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 21050 Point Place #1602
CITY-ST-ZIP Aventura FL 33180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 21050 Point Place #1602
CITY-ST-ZIP Aventura FL 33180 ☒ Change ☐ Addition

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

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

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

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

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

Milton Mecozzi

4-17-01

(305) 828-0828

Date

Daytime Phone #

CR2E034 (10/00)