

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED 7  
AND  
FILED

00 MAR 31 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf 4112



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001331

1. Entity Name

BOSTON HOLDINGS, LLC

Principal Place of Business

2240 SW 70TH AVENUE, UNIT E  
DAVIE FL 33317

Mailing Address

2240 SW 70TH AVENUE, UNIT E  
DAVIE FL 33317-7112

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

65-0854888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.  
1116-D THOMASVILLE ROAD  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Corporate Access, Inc

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

236 EAST 6TH AVE.

City

Tallahassee

FL

Zip Code

32303

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

*Rich Mastrodicasa*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200003213382--7

-04/18/00--01108--013

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
MASTRODICASA, RICHARD  
STREET ADDRESS 2240 SW 70TH AVENUE, UNIT E  
CITY-ST-ZIP DAVIE FL 33317

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

11. 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 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 or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Rich Mastrodicasa* MGRM RICH MASTRODICASA, MGRM 3/29/00  
151-423-6600

Date

CR2E083 (9/99)