

2009 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003650**

1. Entity Name
BOLO PUNCH, L.L.C.

FILED

00 JAN 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 5401 COLLINS AVENUE, SUITE 9-C, MIAMI BEACH FL 33140
Mailing Address: 5401 COLLINS AVENUE, SUITE 9-C, MIAMI BEACH FL 33140-2573



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5401 COLLINS AVENUE SUITE 9-C MIAMI - FLORIDA 33140 USA**
3. Mailing Address: **5401 COLLINS AVENUE SUITE 9-C MIAMI - FLORIDA 33140 USA**

4. FEI Number _____ Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**HUNNEFELD, ANGELIKA ESQ.
610 GREENBERG TRAUIG
1221 BRICKELL AVENUE
MIAMI FL 33134**

7. Name and Address of New Registered Agent
Name: **HOWARD E. KURZWEIL ESQ**
Street Address (P.O. Box Number is Not Acceptable): **2151 Le Jeune Rd, Merranine**
City: **Lavel Coates** FL Zip Code: **33134**

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]* DATE: **1/10/00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTOL, NATHALIE 5401 COLLINS AVENUE, APT. 814 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTOL, NATHALIE 5401 COLLINS AVENUE 1528 MIAMI, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003105702--7 -01/21/00--01016--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED** DATE: **01/10/00** DAYTIME PHONE #: **305.868.1622**
Signature and typed or printed name of signing managing member or manager