

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010221

1. Entity Name

BOSIL CORPORATION

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90008 043 \*\*\*550.00

Principal Place of Business

12289 UNIVERSITY BLVD.  
 ORLANDO FL 32817

Mailing Address

12289 UNIVERSITY BLVD.  
 ORLANDO FL 32817

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

59-3622484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

L.A. GONZALEZ, LAW OFFICES, P.A.  
 135 WEST CENTRAL BLVD.  
 SUITE 480  
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Rodrigo L. Moreira

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

12289 University Blvd

City

Orlando A

FL

Zip Code

32817

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]*

Signature, typed or printed name of registered agent and the 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 P  
 NAME BOLIVAR, WILLIAM  
 STREET ADDRESS 12289 UNIVERSITY BLVD.  
 CITY-ST-ZIP ORLANDO FL 32817 ☒ Delete

TITLE S  
 NAME SILVA, GUSTAVO  
 STREET ADDRESS 12289 UNIVERSITY BLVD.  
 CITY-ST-ZIP ORLANDO FL 32817 ☒ 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
 NAME RODRIGO L. MOREIRA  
 STREET ADDRESS 857 LEOPARD TRAIL  
 CITY-ST-ZIP WINTER SPRINGS FL 32708

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/2001

CR2034 (10/00)