2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90012 036 ***550.00

DOCUMENT # P00000026867

1. Entity Name
BY OWNER CONNECTION, INC.

Principal Place of Business
10031 PINES BOULEVARD #103
PEMBROKE PINES FL 33024

Mailing Address
10031 PINES BOULEVARD #103
PEMBROKE PINES FL 33024

000051115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10031 PINES BLVD. #103
Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL
Zip: 33024 Country: BROWARD

3. Mailing Address: 10031 PINES BLVD.
Suite, Apt. #, etc.: #103
City & State: PEMBROKE PINES, FL
Zip: 33024 Country: BROWARD

4. FEI Number: 650990630 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS, DENNIS
10031 PINES BOULEVARD #103
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name: DAMARIS BOLANOS
Street Address (P.O. Box Number is Not Acceptable): 10031 PINES BLVD. #103
City: PEMBROKE PINES, FL Zip Code: 33024

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] 07-17-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	BOLANOS, DENNIS	NAME	BOLANOS DAMARIS
STREET ADDRESS	10031 PINES BOULEVARD #103	STREET ADDRESS	10031 PINES BLVD. #103
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOLANOS, DAMARIS	NAME	
STREET ADDRESS	10031 PINES BOULEVARD #103	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED 07-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)