2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State
05-20-2003 90068 019 ***150.00

0329830 8638 AV

DOCUMENT # P00000046186

1. Entity Name
BOCA LECHE, INC.

Principal Place of Business	Mailing Address
1501 N.E. 6TH STREET	1501 N.E. 6TH STREET
FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 33304

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
150 NE 6th Street		150 NE 6th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft Laud FL		City & State: Ft. Laud FL	
Zip: 33304	Country: Broward	Zip: 33304	Country: Broward

4. FEI Number 65-1124140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, QROBIN L
1501 N.E. 6TH STREET
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: Moore Robin C
Street Address (P.O. Box Number is Not Acceptable): 1501 NE 6th Street
City: Ft. Laud. FL Zip Code: 33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robin Moore DATE: April 28
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOORE, ROBIN		NAME		
STREET ADDRESS	1501 N E 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Moore — 4/28 — 954-525-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)