

# **. 2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000050483**

1. Entity Name  
**BOLSANET INC.**

Principal Place of Business  
**7891 W FLAGLER ST. # 557  
MIAMI FL 33144-2376**

Mailing Address  
**7891 W FLAGLER ST. # 557  
MIAMI FL 33144-2376**

2. Principal Place of Business  
**1221 Brickell Avenue**

Suite, Apt. #, etc.  
**Suite 1740**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

3. Mailing Address  
**1221 Brickell Avenue**

Suite, Apt. #, etc.  
**Suite 1740**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

4. FEI Number  
**65-1022476**

Applied For  
☐

Not Applicable  
☐

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

DO NOT WRITE IN THIS SPACE

## **6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301**

## **7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**President  
Javier Guerra Duran  
1221 Brickell Avenue, Suite 1740  
Miami, FL 33131**

**Vice President  
Javier Guerra Cisneros  
1221 Brickell Avenue, Suite 1740  
Miami, FL 33131**

**700004614557-2  
-09/27/01--01099--018  
\*\*\*550.00 \*\*\*550.00**

**9/26**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 SEP 25 PM 4:26



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