## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Aug 08, 2002 8:00 am Secretary of State P00000067814 DOCUMENT # 1. Entity Name 08-08-2002 90095 001 \*\*\*550.00 BOHEMIAN P & T, INC. 08-08-2002 90095 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 188 N.E. 8TH COURT 188 N.E. 8TH COURT DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1131 NE 1131 NE 23 PL 23 PL City & State City & State 4. FEI Number Applied For <del>65-1031147</del> Pompano Bch. Pompaso Bc4 Not Applicable <del>65-103114</del> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Broward 33064 33064 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vladislav ( Iganek VLADISLAV, CIGANEK Street Address (P.O. Box Number is Not Acceptable) 188 N.E. 8TH COURT DANIA BEACH FL 33004 1131 NE 23 PC City Pompano Bch 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. 07.19.02 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) · Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE Change Addition Vladislav Cigatek 1131 NE 23 PL VLADISLAV, GIGANEK NAME NAME 188 N.E. 8TH COURT STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 Pompano Bch. Fl 33064 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE-☐ Detete TITLE - - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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

Daytime Phone #

**FILED**