

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081660

1. Entity Name
BOBBERY INTERNATIONAL CORP.



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90022 015 ***150.00

Principal Place of Business
8005 NW 98 STREET
HIALEAH GARDENS FL 33016

Mailing Address
8005 NW 98 STREET
HIALEAH GARDENS FL 33016



2. Principal Place of Business
Bobbery Intl Corp

Suite, Apt. #, etc.
2760 W. 81 St

City & State
Hialeah, FL

Zip
33016

Country
USA

3. Mailing Address
Bobbery Intl Corp

Suite, Apt. #, etc.
P.O. Box 160460

City & State
Hialeah, FL

Zip
33016-0008

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1035616**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, DENISE V
2600 DOUGLAS ROAD SUITE 501
CORAL GABLES FL 33134

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **MECOZZI, MILTON L SR**
STREET ADDRESS **21050 POINT PLACE #1602**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
NAME **MECOZZI, MILTON L JR**
STREET ADDRESS **11163 NW 71 ST TERRACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 (305) 828-0828

Date

Daytime Phone #

CR2E034 (10/02)