FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90451 005 ***150.00

DOCUMENT # P00000098075

1. Entity Name
Bosilevac Zambrano & Associates

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7220 NW 36 Street	7220 NW 36 Street
Suite, Apt. #, etc.: Suite 601	Suite, Apt. #, etc.: Suite 601
City & State: Miami - Florida	City & State: Miami - Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1051125 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 ______________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	William Bosilevac	NAME	
STREET ADDRESS	7220 NW 36 ST. #601	STREET ADDRESS	
CITY-ST-ZIP	Miami - Florida 33166	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Macel Zambrano	NAME	
STREET ADDRESS	7220 NW 36 ST. #601	STREET ADDRESS	
CITY-ST-ZIP	Miami - Florida 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Macel Zambrano Vice-President 04/25/02 3054688838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #