

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000018903**

1. Entity Name

BOSS RESTAURANT REPAIR, INC.

Principal Place of Business

**6900 NW 94TH AVE.
TAMARAC FL 33321**

Mailing Address

**6900 NW 94TH AVE.
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-1074275

4. FEI Number

65-1074275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PESTANO, ANTOLIN
7401 NW 11TH PL
PLANTATION FL 33313**

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

Signature, typed or printed name of registered agent and file # applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/02

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **ANTONELLI, JOSEPH**
STREET ADDRESS **6900 NW 94TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** ☐ Delete
NAME **HOGAN, CYNTHIA**
STREET ADDRESS **6900 NW 94TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** ☒ Delete
NAME **BELLANTE, PAUL**
STREET ADDRESS **6900 NW 94TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☐ Delete
NAME **KESSLER, MITCHELL**
STREET ADDRESS **6900 NW 94TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☐ Delete
NAME **ANTONELLI, PAULA**
STREET ADDRESS **6900 NW 94TH AVE.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☒ Change ☐ Addition
NAME **Hogan, Richard**
STREET ADDRESS **109 Plantation Blvd.**
CITY-ST-ZIP **Lake worth, FL 33467**

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

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

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

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

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

Date

954.6584639

Daytime Phone #

CR2E034 (9/01)