

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90123 048 \*\*\*150.00

**DOCUMENT # P01000020837**

1. Entity Name  
**BUSVENTURES, INC.**

Principal Place of Business  
**1656 POLK STREET**  
**#16**  
**HOLLYWOOD FL 33020**

Mailing Address  
**1656 POLK STREET**  
**#16**  
**HOLLYWOOD FL 33020**

**979552**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1104704**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**  
 NAME **BORER, MARTIN G**  
 STREET ADDRESS **910 NE 10TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009** ☐ Delete

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

TITLE **VTD**  
 NAME **OVIEDO, CHRISTA**  
 STREET ADDRESS **910 NE 10TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

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

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

**08/28/02 954/978-0177**

CR2E034 (4/02)

**BusVentures Inc.**  
1656 Polk Street # 16  
Hollywood, Fla, 33020

Attachment  
Dr. # PO 1000020837

929558

**Florida Department of  
State  
Division of Corporations  
P.O. Box 6327 Tallahassee,  
Florida 32314**


**Re.: prior notice UBR**

**Dear Division of Corporations,**

**This is to inform you, that our Corporation did not receive a prior notice for filing our UBR, even though, your division was made aware of this by written correspondence.**

**As instructed, enclosed you will find the original 150.00 \$ filing fee and respectfully ask you to waive any additional penalties.**

**Sincerely,**

  
**Martin Borer**  
**President - BusVentures Inc.**