

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076158

1. Entity Name

BOYE ULTIMATEMED SERVICES, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-16-2002 90028 021 ***163.75

Principal Place of Business

Mailing Address

MIRAMAR EXECUTIVE CENTER P.O. BOX 660540
3600S STATE ROAD 7(441) MIAMI SPRINGS FL 33266
SUITE#209
MIRAMAR, FL 33023

2. Principal Place of Business

3600S STATE ROAD 7(441)

3. Mailing Address

P.O. BOX 660540

Suite, Apt. #, etc.
SUITE#209

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIAMI SPRINGS

Zip

33023

Country

Zip

33266

Country

4. FEI Number

65-1126099

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADEBOYEJO, MICHAEL A
8944 NW 53 COURT
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Prince M. ADEBOYEJO-BOYE

Street Address (P.O. Box Number is Not Acceptable)

3600S STATE ROAD 7(441)#209

City MIRAMAR

FL

Zip Code 33023

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] P.M.A. BOYE (President)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/02

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 D
NAME ADEBOYEJO, MICHAEL A
STREET ADDRESS 8944 NW 53 COURT
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR
NAME Babatunde Alade Afolabi
STREET ADDRESS 15181N.W 1ST-PEMBROKE PINE, FL ☐ Change ☒ Addition

TITLE PRINCE M.A. BOYE
NAME
STREET ADDRESS 3600S STATE ROAD 7(441)#209
CITY-ST-ZIP MIRAMAR, FL 33023 (PRESIDENT) ☐ Change ☒ Addition

TITLE BRETT HARRINGTON
NAME
STREET ADDRESS 1500-A SALMON
CITY-ST-ZIP KEY WEST, FL 33040 (FINANCIAL SEC I) ☐ Change ☒ Addition

TITLE MS. KENDRA ADEBOYEJO
NAME
STREET ADDRESS 8944N.W. 53CT SUNRISE, FL 33351
CITY-ST-ZIP OFFICE MGR ☐ Change ☒ Addition

TITLE FINANCIAL CONSULTANT
NAME ALBERT MAYUNGBE
STREET ADDRESS 12238S.W. 195ST MIAMI, FL 33177 ☐ Change ☒ Addition

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: P. MIKE ADEBOYEJO-BOYE

2/8/02

(954) 907-9258

Date

(954) 292-2795

CR2034 (9/01)