

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90150 001 ***150.00

DOCUMENT # P02000036517 (L)

1. Entity Name
BORSELLINO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19413 LIBERTY RD
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCARATON, FLORIDA

City & State
Zip
33434
Country
RABM BCH

4. FEI Number
32 0008936
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
JAY A KLEIN
Street Address (P.O. Box Number is Not Acceptable)
27738 SW 66TH AVENUE
City
BOCARATON FL Zip Code
33428

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>NICOLO BORSELLINO</u> <u>19413 LIBERTY RD</u> <u>BOCARATON FLORIDA 33434</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

80126423

P02000036517

DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

JUNE 12TH,2003

RE: BORSELLINO,INC.
DOCUMENT NUMBER: P02000036517
FEI 320008936

TO WHOM IT MAY CONCERN,

THIS LETTER IS TO NOTIFY YOU OF AN ADDRESS CORRECTION OF THE ABOVE CORPORATION. YOU HAVE BEEN USING THE WRONG ZIP CODE AND YOUR MAIL HAS NOT BEEN FORWARDED TO US. WE HAVE HAD THE CORPORATION FOR ONLY ONE YEAR AND WE WERE AWAITING A STATEMENT FOR THE YEARLY FEE OF \$150.00. AS PER OUR TELEPHONE CONVERSATION WITH YOUR OFFICE, WE ARE ADVISING YOU IN WRITING OF THIS ERROR IN ADDRESS AND ARE ENCLOSING THE YEARLY PAYMENT DUE. PLEASE UPDATE YOUR RECORDS AS FOLLOWS:

BORSELLINO,INC.
19413 LIBERTY ROAD
BOCA RATON, FL 33434

IF YOU WOULD KINDLY CONFIRM THE ABOVE CHANGES. THANK YOU FOR YOUR UNDERSTANDING AND PROMPT ATTENTION IN THIS MATTER.

SINCERELY,

NICK BORSELLINO - PRESIDENT