

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90046 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041680

1. Entity Name
BOSS GROUP, INC.



80114456

Principal Place of Business
1175 NE 125TH STREET
103
MIAMI, FL 33161

Mailing Address
1175 NE 125TH STREET
103
MIAMI, FL 33161

2. Principal Place of Business
99 NW 183rd St
Suite, Apt. #, etc. 227

3. Mailing Address
99 NW 183rd St
Suite, Apt. #, etc. 227

City & State MIAMI, FL
Zip 33169 Country

City & State MIAMI, FL
Zip 33169 Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 010663592 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SYMONETTE, MAURICE
1175 NE 125TH STREET
103
MIAMI, FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent's signature required when appointing) 4/29/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
P	SYMONETTE, MAURICE	1175 NE 125TH STREET, SUITE 103	MIAMI, FL 33161	
V	WELLS, MACK	1175 NE 125TH STREET, SUITE 103	MIAMI, FL 33161	
V	DAVIS, ALFRED	1175 NE 125TH STREET, SUITE 103	MIAMI, FL 33161	
T	WILLIAMS, ADRIENNE	99 NW 183RD STREET, SUITE 227	MIAMI, FL 33169	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *[Signature]* 4/29/2003
Signature and Typed or Printed Name of Signing Officer or Director

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