

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

06983138 FP

DOCUMENT # P02000062647

04-29-2003 90068 040 ***150.00

1. Entity Name
BOYS OR GIRLS CORPORATION



Principal Place of Business
**13 SOUTH POINCIANA
APT. 9
MIAMI FL 33166**

Mailing Address
**13 SOUTH POINCIANA
APT. 9
MIAMI FL 33166**

100J0011



2. Principal Place of Business
26501 SW 124th AVENUE

3. Mailing Address
26501 SW 124th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number
30-0094252

Applied For
 Not Applicable

Zip Country
33032 MIAMI-DADE

Zip Country
33032 MIAMI-DADE

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

**RAMS, VICTOR H JR
13 SOUTH POINCIANA
APT. 9
MIAMI FL 33166**

Name
BOYS OR GIRLS CORPORATION

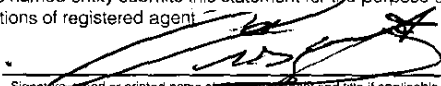
Street Address (P.O. Box Number is Not Acceptable)

26501 SW 124th AVENUE

City
MIAMI

FL Zip Code
33032

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.

MIGUEL BRUN-PRESIDENT

FEB-26-2003

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D BRUN, MIGUEL	13 SOUTH POINCIANA	MIAMI FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D/P MIGUEL BRUN	26501 SW 124th AVENUE	MIAMI, FLORIDA 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MIGUEL V BRUN PRESIDENT 305-258-7675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)