

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90181 039 ***150.00

DOCUMENT # P02000071662

1. Entity Name
BOSTON MEN'S CLINICS CORP.



Principal Place of Business
183 S SHADOW BAY BLVD
LONGWOOD FL 32779

Mailing Address
183 S SHADOW BAY BLVD
LONGWOOD FL 32779

00000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 498 Palm Springs Dr.
3. Mailing Address 498 Palm Springs Dr.

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.
Suite 335

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip 32701 Country Seminole

Zip 32701 Country Seminole

4. FEI Number

☒ Applied For
☐ Not Applicable

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

BUSTAMANTE, ALBERT S
255 S ORANGE AVE STE 1700
ORLANDO FL 32801

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

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 D ☐ Delete
NAME HA, QUOC H
STREET ADDRESS 850 E OCEAN BLVD STE 906
CITY-ST-ZIP LONG BEACH CA 90802

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

TITLE D ☐ Delete
NAME SALLIS, RAMSAY
STREET ADDRESS 10 THIRD AVE
CITY-ST-ZIP ST PETERS AUSTRALIA 5069 FL 32779

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE

1/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)