

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90913 038 ***150.00

DOCUMENT # P02000101246

1. Entity Name
BOIA USA, INC.



Principal Place of Business
**11040 SEA HIVISCUS LANE
TAMARAC FL 33321**

Mailing Address
**11040 SEA HIVISCUS LANE
TAMARAC FL 33321**



2. Principal Place of Business

2645 Executive Park Drive

3. Mailing Address

2645 Executive Park Drive

Suite, Apt. #, etc.

161

Suite, Apt. #, etc.

161

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
43-1975485

Applied For

Not Applicable

Zip
33331

Country

Zip
33331

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAHN, JEFFREY B ESQ.
3300 UNIVERSITY DRIVE
SUITE 711
CORAL SPRINGS FL 33065**

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, 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Jorge Mitsicosta	
STREET ADDRESS	1325 Portofino Circle #807	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Rosa D'Ignazi	
STREET ADDRESS	1325 Portofino Circle #807	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Rosa D'Ignazi	
STREET ADDRESS	1325 Portofino Circle #807	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Catherine Mitsicosta	
STREET ADDRESS	1325 Portofino Circle #807	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Jeffrey B. Kahn	
STREET ADDRESS	3300 University Drive Suite 711	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-2003 954-3060408

Date

Daytime Phone #

CR2E034 (10/02)