

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90224 029 ***158.75

0004779 AT

DOCUMENT # P02000125406

1. Entity Name
BATHKIT DESIGN, CORP.



Principal Place of Business
2240 N. CYPRESS BEND DRIVE #405
POMPAÑO BEACH FL 33069

Mailing Address
2240 N. CYPRESS BEND DRIVE #405
POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address
ALFREDO BOROBIA (BATHKIT DESIGN CORP)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PO BOX 970632

City & State

City & State
CORONUT CREEK

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

33097

FL

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

BORONIA, ALFREDO
2240 N. CYPRESS BEND DRIVE #405
POMPAÑO BEACH FL 33069

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOROBIA, ALFREDO**
STREET ADDRESS **2240 N. CYPRESS BEND DRIVE #405**
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 **ALFREDO BOROBIA** **APRIL 21/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)