

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91161 027 ***150.00

0381607 AV

DOCUMENT # P93000032448

1. Entity Name
BOKIM, INC.

Principal Place of Business
6093 LAKEWORTH RD
GREEN ACRES FL 33463
US

Mailing Address
~~9825 HINDEL CT~~
~~BOYNTON BEACH FL 33437~~
US



2. Principal Place of Business

3. Mailing Address

6322 Harbor Star Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Lake Worth FL

4. FEI Number

65-0406447

Applied For

Not Applicable

Zip

Country

Zip

33463

Country

USA

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

CADY, CHARLES B
4431 DAVE RD
SUITE 121
DAVE FL 33314

Name

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

City

DL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GARVEY, ROBERT F**
 STREET ADDRESS ~~9825 HINDEL CT~~
 CITY-ST-ZIP ~~BOYNTON BEACH FL 33467~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6322 Harbor Star Dr**
 CITY-ST-ZIP **Lake Worth FL 33463**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Garvey Pres. 3/30/02 561 965-3788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)