

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037692

1. Entity Name
BOYNTON INTERNATIONAL INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91564 024 ***150.00

Principal Place of Business

MIAMI
7946 EAST DR. #301
NORTH BAY VILLAGE FL 33141
US

Mailing Address

MIAMI
7946 EAST DR. #301
NORTH BAY VILLAGE FL 33141
US

2. Principal Place of Business

MIAMI-FLORIDA

Suite, Apt. #, etc.
7946 E. DR. #301

City & State
NORTH BAY VILLAGE

Zip
33141

Country
USA

3. Mailing Address

SAME

Suite, Apt. #, etc.
SAME

City & State
SAME

Zip
33141

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0490883**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, ROBERTO
7946 E DR
STE 301
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name **Flores, Roberto**
Street Address (P.O. Box Number is Not Acceptable)
7946 E Dr. #301

City **N. Bay Village**

FL

Zip Code
33141

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, 2001 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

TITLE **D** ☐ Delete
NAME **DE OLIVERIA, LUIS A**
STREET ADDRESS **C/O 7946 EAST DRIVE STE. 301**
CITY-ST-ZIP **NO. BAY VILLAGE FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)