

2000 UNIFORM BUSINESS REPORT (UBR)

3/29/00-90045-010-\$150.00-\$150.00

APPROVED
AND
FILED

00 APR 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000055197

1. Entity Name

BOGARDUS WAREHOUSE EQUIPMENT, INC

Principal Place of Business

5348 W. 14TH AVENUE
HIALEAH FL 33012

Mailing Address

6300 N.W. 40TH SQUARE
VIRGINIA GARDENS FL 33166-7062
US

2. Principal Place of Business

6300 NW 40th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Virginia Gardens FL

Zip 33166 Country FL

City & State

Zip Country

4. FEI Number

65-0545852

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

BOGARDUS, MARTIN E
5348 W. 14TH AVENUE
HIALEAH FL-33012

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BOGARDUS, MARTIN E	
STREET ADDRESS	6300 NW 40TH STREET	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/06/2000 (305)389-7030

CR2E034 (9/99)