

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
 02-28-2002 90018 041 ***150.00

DOCUMENT # P94000055197

1. Entity Name
BOGARDUS WAREHOUSE EQUIPMENT, INC

Principal Place of Business
6300 N.W. 40 ST.
VIRGINIA GARDENS FL 33166

Mailing Address
6300 N.W. 40 ST.
VIRGINIA GARDENS FL 33166

2. Principal Place of Business
8341 NW 54 ST
 Suite, Apt. #, etc.

3. Mailing Address
8341 NW 54 ST
 Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip **33166** **Country** **USA**

City & State
MIAMI FLORIDA
Zip **33166** **Country** **USA**

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

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

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.

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

12. 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	
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	

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: Martin E Bogardus **BOGARDUS** **Feb/11/02 (305) 389-7030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)