

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013586

1. Entity Name  
DIPAOL TRANS AM, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90138 001 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 547093  
SURFSIDE FL 33154

P.O. BOX 547093  
SURFSIDE FL 33154-7093

2. Principal Place of Business

3. Mailing Address

2421 HOLLYWOOD BLVD

P.O. Box 547093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE L-8/C

City & State

City & State

Hollywood FL

SURFSIDE FL

Zip

Country

Zip

Country

33020

USA

33154-7093

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0561774

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

BOSCHI, PAULO L  
9184 BYRON AVE  
SURFSIDE FL 33154

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, 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	D	<input type="checkbox"/> Delete
NAME	BOSCHI, PAULO L	
STREET ADDRESS	7411 CARLYLE AVE., SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33141-2628	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)