

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90032 010 ***150.00

DOCUMENT # P95000013586

1. Entity Name
DIPAOL TRANS AM, INC.

Principal Place of Business
 2421 HOLLYWOOD BLVD
 SUITE 1-B/C
 HOLLYWOOD FL 33020

Mailing Address
 P.O. BOX 547093
 SURFSIDE FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2421 Hollywood Blvd
3. Mailing Address P.O. Box 547093

Suite, Apt. #, etc. 511- **Suite, Apt. #, etc.** SURFSIDE PL

City & State Hollywood FL - Broward **City & State** 33154 -

Zip 33020 **Country** Hollywood **Zip** 33154 **Country** FL

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
 BOSCHI, PAULO L
 9124 BYRON AVE
 SURFSIDE FL 33154

7. Name and Address of New Registered Agent
 Name PAULO L BOSCHI
 Street Address (P.O. Box Number is Not Acceptable)
 19370 COLLINS AVE # 312 - C
 City SUNNY ISLAND BEACH FL Zip Code 33160

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSCHI, PAULO L		NAME		
STREET ADDRESS	7411 CARLYLE AVE., SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141-2628		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Paulo L Boschi* **04/03/02 305 931 6188**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)