2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000046163

THOMAS, RICHARD

MIAMI, FL

15610 SW 84TH CRT

Name:

Address:

City-St-Zip:

Entity Name: BOATRIDES INTERNATIONAL, INC

FILED Feb 28, 2003 Secretary of State

Thirty Hames Box (Hilbert National), inter-					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
401 BISCA MIAMI, FL	YNE BLVD. 33136				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
555 NE 15 SUITE 102 MIAMI, FL					
FEI Number:	65-0622254	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BETZ, GILBERT C 2025 S.W. 32ND AVENUE MIAMI, FL 33145 US			114 W SAN MARINO	SOFGE, CHARLES E 114 W SAN MARINO DR MIAMI, FL 33132 US	
The above in the State		submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: CHARLES E. SOFGE				02/28/2003	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () SOFGE, HALEY 2705 HILOLA MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ALCALDE, SAN 3318 SW 20TH MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () THOMAS, JAME 15211 SW 86TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HALEY E SOFGE V 02/28/2003