

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90093 006 \*\*\*150.00

**DOCUMENT # P95000047040**

1. Entity Name  
**BOSS COMPUTER CORP.**

Principal Place of Business

1601 NW 97TH AVE  
 #A  
 MIAMI FL 33172  
 US

Mailing Address

1601 NW 97TH AVE  
 #A  
 MIAMI FL 33172  
 US

2. Principal Place of Business

4454 NW 74th Ave  
 Suite, Apt. #, etc.

3. Mailing Address

4454 NW 74th Ave  
 Suite, Apt. #, etc.

City & State  
 Miami, Florida

City & State  
 Miami, Florida

4. FEI Number **65-0712104**

Applied For  
 Not Applicable

Zip  
 33166

Country  
 USA

Zip  
 33166

Country  
 USA

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

**CONTEPELLI, BRIAN**

4454 NW 74th Ave  
 Miami, Florida 33166

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CONTEPELLI, BRIAN	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONTEPELLI, ROSELI G	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTEPELLI, BRIAN	
STREET ADDRESS	10005 NW 51st. Terrace	
CITY-ST-ZIP	Miami, Florida 33178	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTEPELLI, ROSELI G	
STREET ADDRESS	10005 NW 51st. Terrace	
CITY-ST-ZIP	Miami, Florida 33178	
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:

*Roseli Contepelli* **Roseli Contepelli**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2001  
 Date

(305) 406-1731  
 Telephone #

CR2E034 (10/00)