

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90092 034 ***550.00

DOCUMENT # P95000047576

1. Entity Name
BOSTIC INC.

Principal Place of Business

1175 NE 125TH STREET
 SUITE 412
 NORTH MIAMI FL 33161
 US

Mailing Address

1175 NE 125TH STREET
 SUITE 412
 NORTH MIAMI FL 33161
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Intercontinental Business Management Inc.

6183 Miami Lakes Drive

Miami Lakes, Florida

33014

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0632779**

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

BOSTIC, JANICE
1175 NE 125TH STREET
SUITE 412
NORTH MIAMI FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/22/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	BOSTIC, JANICE
CITY-ST-ZIP	12864 BISCAYNE BLVD., #377
	MIAMI BEACH FL 33181
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/02

Date

Daytime Phone #

CR2E034 (4/02)