

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90202 046 ***150.00

DOCUMENT # P95000095051

1. Entity Name
BOSS MAN MANAGEMENT, INC.



Principal Place of Business

~~99 NW 183RD ST~~

~~#128~~

~~MIAMI FL 33189~~

~~US~~

Mailing Address

~~99 NW 183RD ST~~

~~#128~~

~~MIAMI FL 33169~~

~~US~~

2. Principal Place of Business

919 4th street

Suite, Apt. #, etc.

3. Mailing Address

919 4th street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip
33139

Country
US

City & State

Miami Beach, FL

Zip
33139

Country
US

4. FEI Number

65-0739548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERCUSON, DAVID

9130 S. DADELAND BLVD

STE 1800

MIAMI FL 33156

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE \$ \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LUCAS, THEODORE R JR
99 NW 183RD ST #128
MIAMI FL 33169

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

919 - 4th STREET
MIAMI BEACH, FL 33139

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)