

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023942

1. Entity Name

BOOL ENTERPRISES, INC.

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90115 003 \*\*\*150.00

Principal Place of Business

Mailing Address

300 NW 82ND AVE  
SUITE 406  
PLANTATION FL 33324  
US

10717 NW 21ST ST  
CORAL SPRINGS FL 33071-4217  
US

80009498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10717 NW 21ST STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS - FL

City & State

CORAL SPRINGS - FL

4. FEI Number

65-0741792

Applied For

Not Applicable

Zip

33071

Country

U.S.

Zip

33071

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MESA, JORGE  
10717 NW 21ST STREET  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

YORSE FERNANDO MORA

Street Address (P.O. Box Number is Not Acceptable)

10717 NW 21 STREET

City

CORAL SPRINGS

FL

Zip Code

33071

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

JANUARY 20, 2000

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, 2000 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

TITLE DP  
NAME MESA, JORGE  
STREET ADDRESS 10717 NW 21ST ST  
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 20, 2000 (954) 255-0585

CR2E034 (9/99)