

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000042278

1. Entity Name

BOKA INVESTMENT HOLDINGS, INC.

Principal Place of Business

Mailing Address

3540 5th Avenue North
St. Petersburg, FL 33713

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
59-3445546

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

Andra L. Stover
3495 5th Avenue North
St. Petersburg, FL 33713

Name

SPIEGEL & UTRERA, P.A.

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

343 Almeria Avenue

City

Coral Gables

FL

Zip Code
33134

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.
Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice President

(NOTE: Registered Agent's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Cooksey, Robert	
STREET ADDRESS	3540 5th Avenue North	
CITY-STATE-ZIP	St. Petersburg, FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cooksey, Karen	
STREET ADDRESS	3540 5th Avenue North	
CITY-STATE-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooksey, Robert	
STREET ADDRESS	3540 5th Avenue North	
CITY-STATE-ZIP	St. Petersburg, FL 33713	
TITLE	VTDD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooksey, Karen	
STREET ADDRESS	3540 5th Avenue North	
CITY-STATE-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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*******900.00 *****900.00**

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:

Karen Cooksey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Cooksey, Vice President

Date

Signature Phone #

FILED

00 JUL 11 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

KE