

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056903

1. Entity Name

BOSKI TRADING, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90075 013 \*\*\*150.00

Principal Place of Business  
1833 SOUTH OCEAN DR  
1601  
HALLANDALE FL 33009  
US

Mailing Address  
6124 NW 74TH AVE NE  
MIAMI FL 33166-3710  
US

2. Principal Place of Business  
6124 N.W. 74<sup>th</sup> AVENUE

3. Mailing Address  
6124 N.W. 74<sup>th</sup> AVENUE

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
CAVALCANTI, TELMA  
1833 S OCEAN DR 1601  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent  
Name  
ADRIANA BARBEITO MENDES  
Street Address (P.O. Box Number is Not Acceptable)  
6124 N.W. 74<sup>th</sup> AVENUE  
City  
Miami FL Zip Code  
33166

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 *Telma C. Gordon* - TELMA C. GORDON / OFFICE MANAGER March 27/00  
(NOTE: Registered Agent signature required when reinstating)

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	TITLE	OFFICE MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, ANTONIO C		NAME	TELMA CAVALCANTI GORDON	
STREET ADDRESS	1717 N. BAY SHORE DRIVE #2140		STREET ADDRESS	6124 NW. 74 AVENUE	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP	Miami, FL 33166 - 3710	
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ANTONIO CARLOS BARBEITO MENDES	
STREET ADDRESS			STREET ADDRESS	6124 N.W. 74 AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33166 - 3710	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Telma C. Gordon* - Telma C. Gordon / OFFICE MANAGER March 27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305 4773091

CR2E034 (9/99)