

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058132

1. Entity Name  
BOSS BUILDING AND OFFICE SUPPORT SYSTEMS CORP.

Principal Place of Business  
6530 WEST 24TH COURT  
#13  
HIALEAH FL 33016

Mailing Address  
6530 WEST 24TH COURT  
#13  
HIALEAH FL 33016

2. Principal Place of Business  
13100 S.W. 82ND St.  
Suite, Apt. #, etc.

3. Mailing Address  
13100 S.W. 82ND St.  
Suite, Apt. #, etc.

City & State  
Miami FL.  
Zip 33183  
Country USA  
Miami Dade

City & State  
Miami FL.  
Zip 33183  
Country USA  
Miami Dade County

4. FEI Number 65-0766969

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

LEMUS, HUGO  
6530 WEST 24TH COURT  
#13  
HIALEAH FL 33016

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.

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

(NOTE: Registered Agent 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LEMUS, HUGO	
STREET ADDRESS	6530 W 24TH CT #13	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEMUS, PATRICIA R	
STREET ADDRESS	6530 W 24TH CT #13	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:

*Hugo A. Lemus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/02 (305) 380-2880  
Date Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90174 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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