

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067146

1. Entity Name
BOLO PUNCH CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90197 027 ***150.00

Principal Place of Business 5401 COLLINS AVE GC MIAMI FL 33140 US	Mailing Address 5401 COLLINS AVE GC MIAMI FL 33140-2573 US
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00000474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5401, COLLINS AVE Suite, Apt. #, etc. Suite 9-C City & State MIAMI FLORIDA Zip 33140 Country USA	3. Mailing Address 5401, COLLINS Avenue Suite, Apt. #, etc. Suite 9-C City & State MIAMI FLORIDA Zip 33140 Country USA
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4. FEI Number 65-0777179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNNEFELD, HENRY I
1925 PONCE-DE-LEON BLVD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name **ANN E. WELLER**
Street Address (P.O. Box Number is Not Acceptable)
2701 LE JEUNE RD
SUITE 300
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.
SIGNATURE DATE **1/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOL, NATHALIE 5401 COLLINS AVE APT 814 MIAMI BCH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CHRISTOL, NATHALIE 5401, COLLINS Avenue Apt 1528 MIAMI Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **01/10/00** Daytime Phone # **3058681416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)