

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035786

1. Entity Name

BOSCO ENTERPRISES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90151 019 ***150.00

Principal Place of Business CHANGE TO:

~~1402 E LAS OLAS BLVD~~ **1314 E. LAS OLAS BLVD**
FT LAUDERDALE FL 33301
#1114

Mailing Address

CHANGE TO:
~~1402 E LAS OLAS BLVD~~ **1314 E. LAS OLAS BLVD**
FT LAUDERDALE FL 33301-2336

2. Principal Place of Business

1314 E. LAS OLAS BLVD
Suite, Apt. #, etc.
#1114

3. Mailing Address

1314 E. LAS OLAS BLVD
Suite, Apt. #, etc.
#1114

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. FEI Number

65-0838745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, DAVID
5319 N DIXIE HWY
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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, 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 **PD**
NAME **HALE, KENNETH**
STREET ADDRESS ~~1402 E LAS OLAS BLVD~~ **1314 E. LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**
#1114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kenneth Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

954-467-8085
Daytime Phone #

CR2E034 (9/99)