

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050861

1. Entity Name

BOSSMAN PRODUCTS INC.

FILED

00 NOV 17 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

91 N.E. 166 ST.
N.M.B. FL 33162

91 N.E. 166 ST.
N.M.B. FL 33008-3011

2. Principal Place of Business

97 NW 166 ST

3. Mailing Address

P O Box 3011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N.M.B. FL

HAWAIIAN FL

City & State

City & State

Zip 33162

Country USA

Zip 33008

Country USA



REINSTATEMENT

4. FEI Number

65-0842159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAEROVITZ, ROBERT
91 N.E. 166 ST.
N.M.B. FL 33162

7. Name and Address of New Registered Agent

Name: MAEROVITZ ROBERT
Street Address (P.O. Box Number is Not Acceptable): 97 NW 166 ST
N.M.B. FL 33162
City: N.M.B. FL Zip Code: 33162

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

11.13.2000

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	P	MAERON, ROBERT	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		31 NE 166 ST	
CITY-ST-ZIP		NMB FL 33162	
TITLE	P	MAEROVITZ ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		97 NW 166 ST	
CITY-ST-ZIP		N.M.B. FL 33162	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	MAEROVITZ ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		97 NW 166 ST	
CITY-ST-ZIP		N.M.B. FL 33162	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.13.2000

Date

Daytime Phone #

305 9328158

CR2E034 (9/99)

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