

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90124 042 ***150.00

DOCUMENT # P98000050861

1. Entity Name
BOSSMAN PRODUCTS INC.



Principal Place of Business
**97 N.W. 166TH ST
NORTH MIAMI BEACH FL 33162**

Mailing Address
**P.O. BOX 3807
HALLANDALE FL 33008**

2. Principal Place of Business
97 NW 166th

3. Mailing Address
PO Box 3807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. M. B. FL

City & State
HALLANDALE FL

Zip
33162

Country
USA

Zip
33008

Country
USA

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

7. Name and Address of New Registered Agent

**MAEROVITZ, ROBERT
97 N.W. 166TH ST
NORTH MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4.15.03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAEROVITZ, ROBERT**
STREET ADDRESS **97 N.W. 166TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Maerovitz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4.15.03** Daytime Phone # **305 589 090**

CR2E034 (10/02)