

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076080

1. Entity Name

BOLSAM INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

4381 ROCK ISLAND ROAD  
LAUDERHILL FL 33319

4381 ROCK ISLAND ROAD  
LAUDERHILL FL 33319-4520

APPROVED  
AND  
FILED

00 JUL 24 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

page 1 of 2



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33319

Country

Zip 33319

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, VMA  
4381 ROCK ISLAND ROAD  
LAUDERHILL FL 33319

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PALMER, VMA	
STREET ADDRESS	4381 ROCK ISLAND ROAD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*150.00 \*\*\*\*150.00

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

SP/m



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# BOLSAM INVESTMENTS

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4381 Rock Island Road • Lauderdale, FL 33319  
Office (954) 739-7676 • Evenings (954) 741-0506 • FAX (954) 739-8384

July 19th, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee  
Florida, 32314

Subject Bolsam Investment

Dear Sir/Madam:

As per my telephone conversation with Mr. Tyrone Scott informing him that I have just received your letter dated June 7<sup>th</sup>, 2000 today, I am enclosing my check in the amount of \$150.00 . Due to the fact that I have only received this letter I am asking that the fees be waived.

Thank you for your co-operation in this matter.

Sincerely,

  
Vivia E. Palmer