

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90874 027 \*\*\*150.00

**DOCUMENT # P98000076080**

1. Entity Name  
**BOLSAM INVESTMENT CORPORATION**

Principal Place of Business  
**4381 ROCK ISLAND ROAD**  
**LAUDERHILL FL 33319**

Mailing Address  
**4381 ROCK ISLAND ROAD**  
**LAUDERHILL FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7211 NW 21 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SUNRISE FL**

Zip

Country

Zip

Country

**33313 BROWARD**

4. FEI Number **65-0835098**

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

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**PALMER, VIVIA**  
**4381 ROCK ISLAND ROAD**  
**LAUDERHILL FL 33319**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President**  
**VIVIA PALMER**  
**7211 NW 21 ST**  
**SUNRISE, FL 33313**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOTED: AMENDED CORP. REPORT

TO THE DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Attachments

# 980007680

97583

RE BOLSAM INVESTMENT CORP

DEAR SIR/MADAM

ENCLOSED IS A COPY OF OUR 2002 UNIFORM BUSINESS REPORT.

THIS REPORT WAS FILED IN A TIMELY MANOR, HOWEVER DUE TO AN  
ERROR IT WAS RETURNED. I BEG OF YOU TO WAIVE THE LATE CHARGES  
DUE TO THE FACT THAT THE FEES WERE PAID AT THE TIME OF FILLING.

THANK YOU FOR YOUR CO-OPERATION IN THIS MATTER.

SINCERELY



VIVIAN E. PALMER