

FILED
Sep 08, 2003 8:00 am
Secretary of State

08-22-2003 90103 009 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000094364

1. Entity Name
BORMAR AGENCY, CORP.



Principal Place of Business
14050 WEST DIXIE HIGHWAY
N. MIAMI BEACH FL 33161
US

Mailing Address
14050 WEST DIXIE HIGHWAY
N. MIAMI BEACH FL 33161
US

55056066

2. Principal Place of Business
14032 W. Dixie Hwy.
Suite, Apt. #, etc.
14032

3. Mailing Address
14032 W. Dixie Hwy.
Suite, Apt. #, etc.
14032

☐ CHECK HERE IF MAKING CHANGES

City & State
N. Miami

City & State
N. Miami, FL

4. FEI Number 65-0872567

Applied For
Not Applicable

Zip
33161

Country
Dade

Zip
33161

Country
Dade

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

GILLES, ABEL
130 NW 192ND STREET
MIAMI FL 33169

Name
N/A
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 ABEL GILLES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*** FILE NOW!!! FEE IS \$550.00**
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	M GILLES, ABEL 130 NW 192 STREET MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLES, MARIE S 130 NW 192ND STREET MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED ABEL GILLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/04/03 786-489-1301

CR2034 (4/03)