

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90063 049 ***150.00

DOCUMENT # P98000098165

1. Entity Name

BOMAT INSURANCE, INC.

Principal Place of Business

Mailing Address

2731 NE 14TH ST
POMPAHO BCH FL 33062

2731 NE 14TH ST
POMPAHO BCH FL 33062-3562

CU054732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1150 Hillsboro Mile

1150 Hillsboro Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

503

503

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

4. FEI Number

65-0881146

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

LANDSMAN, LEN
2731 NE 14TH ST
POMPAHO BCH FL 33062

Name

LANDSMAN, LEN

Street Address (P.O. Box Number/Is Not Acceptable)

1150 Hillsboro Mile

503

City

Pompano Bch

FL

Zip Code

33062

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 NAME STREET ADDRESS CITY-ST-ZIP	PV LANDSMAN, LEN 2731 NE 14TH STREET (603A) POMPAHO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDSMAN, BIRGITTA 2731 NE 14TH STREET (603A) POMPAHO BCH FL 33062	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LANDSMAN, LEN 1150 Hillsboro Mile (#503) Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDSMAN, BIRGITTA 1150 Hillsboro Mile (#503) Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

LEN LANDSMAN

4-3-2000

(954) 481-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF (E034 (9/99)