

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90072 050 ***150.00

DOCUMENT # P98000098165

1. Entity Name
BOMAT INSURANCE, INC.

Principal Place of Business

1150 HILLSBORO MILE
503
POMPANO BCH FL 33062

Mailing Address

1150 HILLSBORO MILE
503
POMPANO BCH FL 33062

00044001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1150 Hillsboro Mile
Suite, Apt. #, etc.
503

3. Mailing Address

1150 Hillsboro Mile
Suite, Apt. #, etc.
503

City & State
Pompano Beach, FL

Zip Country
33062 Broward

City & State
Pompano Beach, FL

Zip Country
33062 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

LANDSMAN, LEN
1150 HILLSBORO MILE
#503
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent

Name LANDSMAN, LEN
Street Address (P.O. Box Number is Not Acceptable)
1150 Hillsboro Mile
#503
City Pompano Beach 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, 2001 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

TITLE PV
NAME LANDSMAN, LEN
STREET ADDRESS 1150 HILLSBORO MILE #503
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ST
NAME LANDSMAN, BIRGITTA
STREET ADDRESS 1150 HILLSBORO MILE #503
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 iiko empowered.

SIGNATURE:

LEN LANDSMAN - 4.25.2001 - (954) 4818450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)