09-12-2002 90096 016 \*\*\*550.00

## P98000107871

DOCUMENT # 1. Entity Name

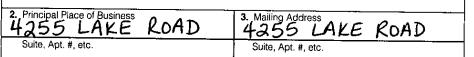
BOLL BA, INC.

Principal Place of Business

525 BAY POINT RD MIAMI FL 33137

Mailing Address 525 BAY POINT RD

MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number 65-0909122 MLAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRIU-CAMBO, ANA M Street Address (P.O. Box Number is Not Acceptable)

525 BAY POINT RD MIAMI FL 33137

4255 ROAD

CityMIAMI

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 age

SIGNATURE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change Addition NAME PRIU, JORGE R PRIU, JORGE R NAME STREET ADDRESS 525 BAY POINT RD 4255 LAKE ROAD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-7IP MIAMI FL 33137 TITLE Delete TITLE **L** change Addition NAME PRIU-CAMBO, ANA M PRIU-CAMBO, ANA M NAME STREET ADDRESS 525 BAY POINT RD 4255 LAKE ROAD. STREET ADDRESS CITY-ST-ZIP MIAM! FL 33137-CITY-ST-ZIP MIAMI : FL 33137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

<u>4</u>