

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 016 ***550.00

DOCUMENT # P98000107871

1. Entity Name
BOLL BA, INC.

Principal Place of Business

**525 BAY POINT RD
 MIAMI FL 33137
 US**

Mailing Address

**525 BAY POINT RD
 MIAMI FL 33137
 US**

2. Principal Place of Business

4255 LAKE ROAD

3. Mailing Address

4255 LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

U.S.

Zip

33137

Country

U.S.

4. FEI Number

65-0909122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIU-CAMBO, ANA M
 525 BAY POINT RD
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **PRIU-CAMBO, ANA M**

Street Address (P.O. Box Number is Not Acceptable)

4255 LAKE ROAD

City **MIAMI**

FL

Zip Code **33137**

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 **Anam Priu-Cambo** **ANAM.PRIU-CAMBO TREASURER** **9/9/02**

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

TITLE **DP** ☐ Delete
 NAME **PRIU, JORGE R**
 STREET ADDRESS **525 BAY POINT RD**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **T** ☐ Delete
 NAME **PRIU-CAMBO, ANA M**
 STREET ADDRESS **525 BAY POINT RD**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **PRIU, JORGE R**
 STREET ADDRESS **4255 LAKE ROAD**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **T** ☒ Change ☐ Addition
 NAME **PRIU-CAMBO, ANA M.**
 STREET ADDRESS **4255 LAKE ROAD.**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: **Anam Priu-Cambo** **ANAM.PRIU-CAMBO** **9/9/02** **(305)573-2882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)