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

## P99000021527 **DOCUMENT #**

1. Entity Name

**BOTH-RETTE INVESTMENTS, INC.** 



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90106 041 \*\*\*150.00

Principal Place of Business POST OFFICE DIX AS8 SSS SHERINAN STREET HOLLWOOD R. 33021  2. Principal Place of Business SSS GARFIR RO Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & Sta	I TO IT I BE	1112 1142011412,410,	1140.								
2. Principal Place of Business  3. Mailing Address Surie, Apr. #, etc.   CHECK HERE IF MAKING CHANGES City & State   Chick Here IF Making CHANGES Zip   Country   Zip   Country   Zip   State   Churdy   State	POST OFFICE 3389 SHERIDA	BOX 438 An Street	3531	GRIFFIN RD	12		1	<u> 1881/09</u> 1 (18 18:10 1 <del>0</del> 11:	ANIN DOM BRIEF	1811 <b>3</b>    861   1881 8	
Suite Apt. #, etc.  Suite, Apt. #, etc.  City & State  Canner Address of Current  Applied For  And Applied For  Applied For  Applied For  And Applied For  And Applied For  And Applied For  And Applied For  Applied For  And Applied For  And Applied For  And Applied For  Applied For  And Applied For  Applied			3 140	ilina Addroon							
City & State    City & State   City			35	27 GRIF	FIN RO.		'				
Zip Country Zip Sa.75 Additional Fee Required  6. Name and Address of Current Registered Agent	Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.		Ì		☐ CHECK	HERE IF MAI	KING CHANG	ES
Sk. 75 Additional Fee Required	City & Stat	е	City		ALE FL		4. FEIT	Number <b>65-090</b>	1013		<del></del>
PERLOW, JEFFREY M P.A. C/O JEFFREY M. PERLOW & ASSOCIATES, P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, lipsed or printed name of migratered agent and title if expiritable.	Zip	Country			Country		5. Certi	ificate of Status De	sired		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address o			<u> </u>		7. Nam	e and Address of	New Registe		
Sireet Address (P.O. Bax Number is Not Acceptable)					Name						
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A. 1820 E. HALLANDALE BEACH BLVD.  HALLANDALE FL 33009  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if approache. (NOTE: Regulatered Agent signature requireds when regulation).    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature requireds when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!! FEE IS \$155.0.0 Agent signature required when regulation.   DATE    FILE NOW!! FEE IS \$155.0.0 Agent signature required when regulation.	Perlow,	JEFFREY M P.A.		_	Street Ad	tress (P		Jumber is Not Acce	entable)		
### HALLANDALE FL 33009    City   FL   Zip Code	C/O JEFF	REY M. PERLOW & ASSO	OCIATES, P.A.		Street Act						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and intel if applicable   (NOTE: Registered Agent signature requested when reinstating)   DATE	1820 E. H	ALLANDALE BEACH BLVI	D.		{						
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The obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE				<del></del>			<del></del>				<u> </u>
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.	indicated	on this report or supplementa	al report is true and	accurate and that my	signature shall have	re the sa	ame legal	l effect as if made i	under oath: th	at I am an offic	cer or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR