## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900031779 . Entity Name				FILED Jun 09, 2000 8:00 am		
Bukovi Inc.	•	,	<b>✓</b>		ary of S 90005 001 ***	
Principal Place of Business	Mailing Address			00 0 <b>7 2</b> 000	70005 001	150.75
Fabuko 3350 s.w. 3rd Bay 11 Ft. Lauderdale, Fl. 33315	Eugene S. Bukovi, Jr. 2407 N. 62md Ave 1tollywood, Fl 33024			บบยฮอธอธ		
2. Principal Place of Business	W/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State			4. FEI Number 65 ~ 09064	10	Applied For Not Applicable
Zip Country	Zip	Country	İ	5. Certificate of Status Desired	\$8.75 A	dditional
S. Name and Address of Current		<u>U.S.A.</u>	. <u> </u>	7. Name and Address of New Re	Fee Requi	red
Name C D W C						
· Eugene S. Bukovi Jr	adelic 3: Dallor 31					
	2401 N. 62rd Awe Street Address (P.D. Box Number)'s Northcoop					
V Hollywood FI 33024		1401	lly w	ood		3024
•		City	,	•	FL Zip Co	ode
8. The above named entity spamits this statement for	r the purpose of changing its r	egistered office or	registered	d agent, or both, in the State of Flori	da.	
SIGNATURE Signature, typed or printed Association of registered agent a	Support  Ind title if applicable (NOTE:	Ewe	ne required w	3. Bukovi P/T	4-27-C	00
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!! After MAY 1, 200 Make Check Payabi	that it, it is the transfer that the last of the second	50.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees
11. OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFIC		
TITLE V	<b>☑</b> Delete	TITLE NAME	P/T	no S Rukovi Sr.	Changi	a 🔀 Addition
STREET ADDRESS		STREET ADDRESS	1718	ne S. Bukovi Sr. N. Gand Ave		
CITY-ST-ZIP		CITY-ST-ZIP		ywood F1 33024		
TITLE	☐ Delete	TITLE NAME	V/S	a A. Bukovi	[3 Change	e <b> ∑</b> Addition
NAME STREET ADDRESS S		STREET ADDRESS	1-1-0	VI VONOV LIVE		
CITY-ST-ZIP		CITY-ST-ZIP	itolly	mood F1 33024		
TITLE	Delete	TITLE	e-+	للمسار المقبيل الدامساء الدارسيسيان يشم	Change	Addition
NAME STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CFTY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	e
NAME STREET ADDRESS S		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	e
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP	• •	CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			Change	e 🔲 Addition
NAME CTORET ADDRESS		NAME STREET ADDRESS				. {
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.						
SIGNATURE: Delora A. Bukovi V/S 4-27-00 961-4467  SIGNATURE: Delora A. Bukovi V/S 4-27-00 961-4467  Date Description Phone #						