

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000035005**

1. Entity Name

BF ACQUISITION GROUP III, INC.

Principal Place of Business

**319 CLEMATIS STREET, SUITE 812
WEST PALM BEACH FL 33401**

Mailing Address

**319 CLEMATIS STREET, SUITE 812
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **06-4466582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOVI, DAVID M
319 CLEMATIS STREET, SUITE 812
WEST PALM BEACH FL 33401**

Name

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

City

FL

Zip Code

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BOVI, DAVID M	
STREET ADDRESS	319 CLEMATIS STREET, SUITE 812	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	T	<input type="checkbox"/> Delete
NAME	COLUCCI, WILLIAM R	
STREET ADDRESS	120 SO. OLIVE AVE #705	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 038 ***150.00

00043914

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)