## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am & Secretary of State P99000035005 DOCUMENT # 1. Entity Name BF ACQUISITION GROUP III, INC. 05-22-2002 90145 034 \*\*\*150.00 Principal Place of Business Mailing Address 319 CLEMATIS STREET, SUITE 812 319 CLEMATIS STREET, SUITE 812 110062 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2501 Turk Blvd. 2501 Turk Blvd. Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-4466582 San Francisco,California San Francisco, California Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 98118 98118 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent =-BOVI: DAVID: M====== Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET, SUITE 812 WEST PALM BEACH FL 33401 City Zip Code 8. The above pamed entity su for the purpose of changing its registered office or registered agent, or both, in the State of Florida his statement SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. XX Delete **CEO** TITLE TITLE Change ☐ Addition BOVI, DAVID M NAME NAME 319 CLEMATIS STREET, SUITE 812 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP CEO / P/T TITLE ☐ Delete TITLE XIX Change ☐ Addition Colucci, William R. NAME COLUCCI, WILLIAM R NAME STREET ADDRESS 120 SO. OLIVE AVE #705 STREET ADDRESS 2501 Turk Blvd. WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP San Francisco, California 98118 TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP 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

CITY-ST-7IP

(415)831-1974

**FILED** 

Daytime Phone #