

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6

DOCUMENT # P99000043751

1. Entity Name

BODEGO INTERNATIONAL, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

03-06-2000 90016 021 \*\*\*150.00

Principal Place of Business Mailing Address  
1920 E. HALLANDALE BEACH BLVD. STE. 607 1920 E. HALLANDALE BEACH BLVD. STE. 607  
HALLANDALE FL 33009 HALLANDALE FL 33009-4724

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number Applied For  
APPLIED FOR

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

HART, DAVID J  
100 N. BISCAYNE BLVD. STE. 2600  
MIAMI FL 33132

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, 2000 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 D  
NAME GOSS, BOWEN C  
STREET ADDRESS PO BOX 14707  
CITY-ST-ZIP FARRARMERE, 1518 SOUTH AFRIC

TITLE  
NAME  
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CITY-ST-ZIP

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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 #

CR2E034 (9/99)