

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90052 005 ***150.00

DOCUMENT # P99000060353

1. Entity Name
BOLTEN INTERNATIONAL, INC.

Principal Place of Business 1112 WESTON RD., STE. 218 WESTON FL 33326-1915	Mailing Address 1112 WESTON RD., STE. 218 WESTON FL 33326-1915
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A0051596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4240 Mahogany Ridge Dr Suite, Apt. #, etc.	3. Mailing Address 4240 Mahogany Ridge Dr Suite, Apt. #, etc.
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City & State Weston, FL	City & State Weston, FL	4. FEI Number 65-0948869	Applied For Not Applicable
Zip 33331	Country Broward	Zip 33331	Country Broward

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTANEDA, ANGELA
 1112 WESTON RD., STE. 218
 WESTON FL 33326-1915

7. Name and Address of New Registered Agent
 Name: **Castañeda, Angela**
 Street Address (P.O. Box Number is Not Acceptable): **4240 Mahogany Ridge Dr**
 City: **Weston** FL Zip Code: **33331**

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 _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME GUTIERREZ RAMIREZ, GERMAN E	
STREET ADDRESS 1112 WESTON RD., STE. 218	
CITY-ST-ZIP WESTON FL 33326-1915	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 4240 Mahogany Ridge Dr	
CITY-ST-ZIP Weston, FL 33331	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(l), 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: **4/15/00** Daytime Phone #: **(954) 385-8300**

CR2E034 (9/99)