

2004
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 00-04

FILED
CLERK OF CIRCUIT
DIVISION OF CORPORATE

04 APR 20 PM 12:30

DOCUMENT # P99-000097110
1. Entity Name
BOCH A. GALUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2426 HARBOUR COVE DR
Suite, Apt. #, etc.

3. Mailing Address
37 FORT SALONGA
Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State
CENTERPORT, NY

Zip
34949

Country

Zip
11721

Country

11/14/03 01009 008 \$450.00
11/14/03 01009 007 \$158.75

4. FEI Number
22-3697655

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Mathew Kaphan

Street Address (P.O. Box Number is Not Acceptable)
2426 Harbour Cove Dr.

City
Fort Pierce

FL

Zip Code
34949

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MATHEW KAPHAN 37 FORT SALONGA RD CENTERPORT, NY 11721	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400035261554 05/03/04--01048--018 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other, like empowered.

SIGNATURE: Mathew Kaphan 4/15/04 516-901-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mathew Kaphan

CR2E034B (12/02)



MATHEW S. KAPHAN

37 FORT SALONGA ROAD CENTERPORT NEW YORK 11721

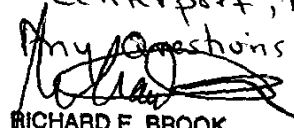
4/15/04

To Whom it may concern,

I did not receive the 2000 report
additionally I did not receive any rejection
letter for 2003. In the future please
only mail correspondence to 37 Fort Salonga
Rd. Centerport NY 11721. My mother has been
ill the last few years, she lives in
Lake Placid Florida so I am between NY & Florida
3-4 times per year, I don't have my mail
forwarded anymore because either I don't get it
or I get it a month or two late. Mail sent
to Fort Pierce sometimes gets sent back or goes
to NY. and then to Lake Placid when I'm
staying with her. Thank you for your help.

* mail only to
Mathew Kaphan
37 Fort Salonga Rd
Centerport, NY 11721

Any questions please call me at 516-901-3200


RICHARD E. BROOK
Notary Public, State of New York
No 01BR4658084
Qualified in Nassau County
Commission Expires April 30, 2007

Thank you very much-

Mathew Kaphan