2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 00-04

FILED
AUXILIARY OF STATE
DIVISION OF CORPORATIONS
04 APR 20 PM 12:30

DOCUMENT # P99000097110

1. Entity Name

BOCH A. GALUP, INC.

11/14/03 01009 008 #450.00
11/14/03 01009 007 #158.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2426 HARBOUR COVE DR	37 FORT SALONGA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FL	City & State: CENTERPORT, NY
Zip: 34949 Country:	Zip: 11721 Country:

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
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CR2E034B (12/02)

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 #

STF FL32381F.1

Mathew Kaphan

MATHEW S. KAPHAN
37 FORT SALONGA ROAD CENTERPORT NEW YORK 11721

4/15/04

To whom it may concern,

I did not received the 2000 report additionally I did not receive any rejection letter for 2003. In the future please only mail coorespondence to 37 Fort Salonga Rd. Centerport NY 11721. My mother has been ill the last few years, she lives in lake Placid Florda so I am between NY. & Florda 3-4 times per year, I dont have my mail forwarded anymore because either I dont get it or I get it a month or two late. mail sent to Fort Pierce sometimes gets sent back or goes to N.Y. 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

Thank you very much-

Mathew Kaphan

4/14/04

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