FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90061 040 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097110

1. Entity Name

BOCH A. GALUP, INC.

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 _____ DATE

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

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	PRESIDENT	TITLE	
NAME	MATHEW KAPHAN	NAME	
STREET ADDRESS	37 FORT SALONGA RD	STREET ADDRESS	
CITY - ST - ZIP	CENTERPORT, NY 11721	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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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 4/4/05 516-901-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

Mathew Kaphan