

**FOR PROFIT CORPORATION
•UNIFORM BUSINESS REPORT (UBR)**

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| DOCUMENT # P99000097110 |
| 1. Entity Name * BOCH A. GALUP, INC. |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DO NOT WRITE IN THIS SPACE | |
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| 2. Principal Place of Business 2426 HARBOUR COVE DR Suite, Apt. #, etc. | 3. Mailing Address 37 FORT SALONGA Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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| City & State FORT PIERCE, FL | City & State CENTERPORT, NY | 4. FEI Number 22-3697655 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34949 | Country | Zip 11721 | Country |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|-----------------------------------|--|--|---------------------------------|
| 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 Drive | |
| | | City Fort Pierce | FL Zip Code 34949 |

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| 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. | Mathew Kaphan 3/2/09 |
| SIGNATURE same | DATE |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|------------------------------|------------------------|------------------------|
| TITLE PRESIDENT | NAME MATHEW KAPHAN | TITLE | NAME |
| STREET ADDRESS 37 FORT SALONGA RD | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY - ST - ZIP CENTERPORT, NY 11721 | CITY - ST - ZIP | CITY - ST - ZIP | CITY - ST - ZIP |
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| 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 807, 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 | Mathew Kaphan | 2/13/09 | 516-901-3263 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |