

2000 UNIFORM BUSINESS REPORT (UBR)

7/17/2000 09:07:02 024 ***550.00

DOCUMENT # P99000101015

1. Entity Name

BOCEPHUS, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-17-2000 90072 024 ***550.00

Principal Place of Business

7171 N.W. 74TH STREET
MIAMI FL 33166

Mailing Address

7171 N.W. 74TH STREET
MIAMI FL 33166-2534

2. Principal Place of Business

7171 Northwest 74th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL 33166

City & State

Zip

33166

Country

USA

Country

4. FEI Number

65-0967909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YELEN, JAN A
1104 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: SUZIE MEARS

Street Address (P.O. Box Number is Not Acceptable)

7171 NW 74TH STREET

City: MIAMI

FL

Zip Code: 33166

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

[Signature]

6/28/2000

Signature, typed or printed name of registered agent and title if applicable.

(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	President	<input type="checkbox"/> Delete
NAME	Laric C. Mears	
STREET ADDRESS	<i>[Signature]</i>	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Suzie Mears	
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 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
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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)(f), 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]

LARIC C MEARS

6/28/2000

305-885-6218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)