

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90006 036 ***150.00

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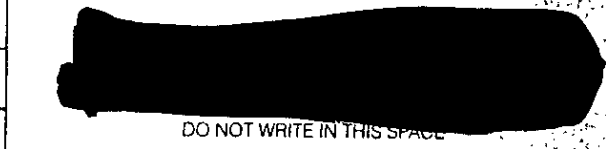
1. Entity Name
 BOOM BOOM BOUTIQUE, CORP.

Principal Place of Business 5581 West 22 Ct
 Hialeah Fl 33016

Mailing Address 5581 West 22 Ct
 Hialeah Fl 33016

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country



4. FEI Number 65-0970719 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ALONSO, MIGUEL
 5581 West 22 Court
 Hialeah Fl 33016

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 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) ☐

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP	☐ Delete	TITLE	☐ Change ☐ Addition
ALONSO, MIGUEL		NAME	
5581 West 22 Ct		STREET ADDRESS	
Hialeah Fl 33016		CITY-ST-ZIP	
DVP	☐ Delete	TITLE	☐ Change ☐ Addition
GONZALEZ, ISMARYS		NAME	
5581 West 22 Ct		STREET ADDRESS	
Hialeah Fl 33016		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/30/2000** **(305) 824-5028**

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