2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000001222, Feb 08, 2001 8:00 am MIZNET POINTE OF BOCAL HOMEOWNERS ASSOCIATION ITAL Secretary of State 02-08-2001 90460 011 \*\*\*\*61.25 Principal Place of Business Mailing Address A0021090 2. Principal Place of Business 3. Mailing Address 8290 8290 UKA ANCHO VIA Ancho Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Boca Ranon FC. FI. BOCA POTON 65-073 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David Shapiro GERALL KELLETMAN Box Number is Not Acceptable) 123 N.W. 1312 ST. Street Address (P.O. # 300 Boca Rozov, FL 33432 8. The above named for the purpose of changing its registered office or registered agent, or both, in the state of Florida entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition GerAND KellerMAN 8647 VIA ANCHO NAME Harry Engelstein NAME STREET ADDRESS STREET ADDRESS 123 NW 135 ST. #300 CITY-ST-ZIP CITY-ST-ZIP Boca RODU FL. 33433 BOCOL ROBBY, FL. 32432 Delete 5ln TITLE TITLE [ ] Change PATRICIA MAZZA DOYCE PERITSON NAME NAME 123 NW 13# ST. #300 stat via screna STREET ADDRESS STREET ADDRESS Boca ROBN , FL 33433 CITY-ST-ZIP BOCA-ROTON, FL. 33432 CITY-ST-7IP UID Delete Change Addition TITLE TITLE Maruin Kadlau Lynue BAUDET NAME NAME 8516 UIA DOFO 123 NW 13th ST. #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP BOCA ROON, FC. 33433 TITLE ☐ Delete ☐ Change Addition TITLE Sallee Berliner NAME NAME 8406 via Leonessa STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boca Rozov, Fc. 33433 Change Addition ☐ Delete TITLE MIKE Demohak NAME 8676 UIA Aucho STREET ADDRESS STREET ADDRESS Boca RAMON, FC. 33433 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE DON WOSSERMAN . NAME NAME 8576 Ula GIATDINO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Baca Roman, Fc. 33433 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 supplier ental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #