2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am DOCUMENT # **P95000068742** 1. Entity Name Secretary of State **BOCA DEVELOPERS, INC.** 05-08-2000 90161 046 ***150.00 Principal Place of Business Mailing Address 350 WEST CAMION GARDENS BLVD. STE 303 350 WEST CAMION GARDENS BLVD. STE 303 BOCA RATON FL 33432 BOCA RATON FL 33432 3. Mailing Address 2. Principal Place of Business 321 E. Hillsboro Blod 321 E. Hillsboro Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For 4. FEI Number 65-0614973 pertie. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STREET, BRIAN 350 WEST CAMION GARDENS BLVD. STE 303 **BOCA RATON FL 33432** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE **BRIAN STREET** NAME STREET ADDRESS STREET ADDRESS 4460 NW 27TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE NAME SCHOCKET, JEFFERY I Berfield Beach, Fr. STREET ADDRESS STREET ADDRESS 1330 NW 108 AVE CITY-ST-ZIP -CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

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