2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P97000010203

Secretary of State 1. Entity Name 02-11-2002 90003 015 ***150 00 BOCA 4. INC. Principal Place of Business Mailing Address 14450 SMITH SUNDY ROAD ∨14450 SMITH SUNDY ROAD ✓DELRAY BEACH FL 33446 ∽DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address 5801 N. Congress Ave. 5801 N. Congress Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0736481 Boca Raton, FL Boca Raton, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33487 Fee Required USA <u>33487</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOMBACH, GEOFFREY S Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD **SUITE 1950** FORT LAUDERDALE FL 33394 Zip Code 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🗖 Change (9/01 ■ Addition TITLE ☐ Delete TITLE WOLF, STEVEN MR NAME NAME CR2E034 √5801 N. Congress Ave. STREET ADDRESS 14450 SMITH SUNDY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** ∠Boca Raton, FL 33487 ☐ Delete TITLE ☐ Change ☐ Addition PAVLIK, MITCHELL MR NAME NAME STREET ADDRESS 6044 NW 66 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 a didress with all other like empowered.

FILED

Feb 11, 2002 8:00 am