BOCA RATON FL 33432 BOCA RATON FL 33432 BOCA RATON FL 33432 DO NOT S.W. 2ND AVENUE, SUITE 8 BOCA RATON, FLORIDA 33432 Suite. Apt. #_reu: Suite. Apt. #_reu: Suite. Apt. #_reu: Suite. Apt. #_reu: Suite. Apt. #_reu: Suite. Apt. #_reu: City & State 4. FEI Number Zip Country Zip Country Suite. Apt. #_reu: State Applied For Not Applicable Zip Country Suite. Applied For Not Applicable Zip Country Suite. Applied For Not Applicable Dance, J. HERMAN Name 1001 S.W. Zub AVENUE, SUITE 8 BOCA RATON, FLORIDA 33432 Street Address of New Registered Agent V Name Signature type: submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature type or printed mere of registered agent agent and we agent and w	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 415541 1. Entity Name GOLD COAST TITLE COMPANY					FILED Mar 03, 2000 8:00 am Secretary of State 03-03-2000 90021 010 ***150.00			
Suita Act, if you DUNCT NATE IN THIS SPACE DUNCT NATE IN THIS SPACE City & State City & State City & State C	75 SOUTHEAST THIRD STREET 75 SOUTHEAST THIRD STREET								
City & Size Country Zip Country Zip Country Size Country Size Size Size Country Size Size Size Size Size Country Size Size Size Size Size Size Size Size	2. Principal Pl								
Stress Stres Stres Stres <td>Suite, Apt. #;`eic.——</td> <td></td> <td>— зиле, Арі: #, ею</td> <td></td> <td></td> <td>DO NOT WRITE IN THIS</td> <td>S SPACE</td> <td></td>	Suite, Apt. #;`eic.——		— зиле, Арі: #, ею			DO NOT WRITE IN THIS	S SPACE		
Zip Country Zip Country s. Centricate of Status Desired Figs Address of New Registered Agent A. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent DANCE, J. HEMAN IDOT S.W. Zivo AVENUE, SUITE 8 Stroat Address (PO Box Number is Nul Accomptoble) BOCA RATON, FLORIDA 33332 City FL Zip Code 8. The above radhed brilly submits this statemed. for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Dava BOCA RATON, FLORIDA 33332 Diff: Indexed Agent Agen	City & State		City & State		4. FEI Number	59-1429677			
S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent DANCE, J. HEMAN 1001 S.W. Zho AVENUE, SUITE 8 BOCA RATON, FLORIDA 33322 City FL 2p Code Streat Address (PC): Box Number is Not Acceptable) City FL 2p Code Streat Address (PC): Box Number is Not Acceptable) City FL 2p Code Streat Address (PC): Box Number is Not Acceptable) City FL 2p Code Streat Address (PC): Box Number is Not Acceptable) Streat Address (PC): Box Number is Num	Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	ditional	
DANCE, J. HEIMAN 1001 S.W. ZND AVENUE, SUITE 8 BOCA RATON, FLORIDA 33432 Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code 8. The above named and y submits this statement for the purpose of changing its registered affec or registered agent, or both, in the State of Florida. City FL Zp Code 8. The above named and y submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statement and alce of 0.0 Date 9. This corporator seligible to satially its intropion The END VIII FEE IS \$150.00 Make Check Payable to Department of State 10. Beering and purpose and purpose of the flore acceptable in Face Intropion and addies to 0.0. State Intropion and purpose and purpose addies addie	6. Narr	e and Address of Current Re	gistered Agent		7. Name and Ad	Idress of New Registered	<u></u>		
B. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SiGNATURE Active to prove of provided agent and ber inspirate. Instructure and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Instructure and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Instructure and elects to do so. Instructure and elects Instructure andefee Instructure andefee Instructure andefee Instruc	1001 S.W	. 2ND AVENUE, SUITE			s (P.O. Box Number is	Not Acceptable)			
	<u> </u>	~		City		F	Zip Cod	e	
PD Delete TTLE Delete TTLE DANCE, J. HERMAN Addition NAME DANCE, J. HERMAN NAME NAME </th <th>9. This corporation is eli Tax filing requirement</th> <th>igible to satisfy its Intangible and elects to do so.</th> <th>FILE NOW After MAY 1, 20 Make Check Payat</th> <th>E: Registered Agent signature required Provided Agent signature required FEE IS \$150.00 00 Fee will be \$550.00</th> <th>0 State</th> <th>DATE on Campaign Financing Fund Contribution.</th> <th>\$5.0</th> <th>to Fees</th>	9. This corporation is eli Tax filing requirement	igible to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payat	E: Registered Agent signature required Provided Agent signature required FEE IS \$150.00 00 Fee will be \$550.00	0 State	DATE on Campaign Financing Fund Contribution.	\$5.0	to Fees	
DANCE, ESTHER B NAME 1001 S. W. 2ND AVENUE, SUITE 8 STREET ADDRESS CITY. BOCA RATON, FLORIDA 33432 TITLE Intel NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITA-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITA-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP </th <th>NAME DANCE, STREE 1001 S</th> <th>J. HERMAN S.W. 2ND AVENUE, SUIT</th> <th>Delete</th> <th>TITLE NAME STREET ADDRESS</th> <th>ADDITIONS/CH</th> <th>IANGES TO OFFICERS AN</th> <th></th> <th></th>	NAME DANCE, STREE 1001 S	J. HERMAN S.W. 2ND AVENUE, SUIT	Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CH	IANGES TO OFFICERS AN			
TITLE ITTLE ITTLE Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change	NAME DANCE, STREE 1001 S	W. 2ND AVENUE, SUIT	E 8	NAME STREET ADDRESS			🗌 Change	Addition	
Internation Delate NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate 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 cert	TITLE NAME STREET ADDRESS		, 	NAME STREET ADDRESS			Change	Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME Delete TITLE Change Addition NAME Delete TITLE CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 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 J 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.	NAME STREET ADDRESS		🗔 Delete	NAME STREET ADDRESS			🗋 Change	Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 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.	TITLE NAME STREET ADDRESS		🗆 Delete	TITLE NAME STREET ADDRESS			Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.	TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS			[] Change	Addition	
	indicated on this rep of the corporation or	ort or supplemental report is tru the receiver or trustee empower	ue and accurate and that f ered to execute this report	ny signature shall have th as required by Chapter 6	no samo lonai offect a	s it made linder date, that	i am an officer	or airector - 1	