FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2002 8:00 am 590912 DOCUMENT # **Secretary of State** 1. Entity Name 02-28-2002 90012 047 ***150.00 BOCA NATIONAL REALTY, INC. Principal Place of Business Mailing Address 3199 N FEDERAL HWY 3199 N FEDERAL HWY **BOCA RATON FL 33431 BOCA RATON FL 33431** BOCA NATIONAL REALTY, INC. BOCA NATIONAL REALTY, INC. 3.400.5dRALMETTO PARK ROAD 499 E. PALMETTO PARK ROAD SUITE 200A Suite, Apt. SUITE 200A Suite BOCA RATON, FL 33432 DO NOT WRITE IN THIS SPACE BOGA RATON, FL 33432 City & State Applied For 4. FEI Number 59-2434909 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired , . . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOCA NATIONAL REALTY, INC. LOWKL JENSEN, ALDEN L. Street Addr 499 EB PALMET OCE ARK ROAD JENSEN 3199 N FEDERAL HWY SUITE 200A **BOCA RATON FL 33431** BOCA RATON, FL 33432 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE Delete TITLE Change Jensen, aldend NAME * NAME 13199 N FEDERAL HWY B(STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZI TITLE Delete TITLE 4 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/14/09 54-392-7474 Date Daytime Phone #

Addition