## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 18, 2002 8:00 am Secretary of State DOCUMENT # 615375 1. Entity Name 08-18-2002 90127 017 \*\*\*150 00 BOCA CONSIGNMENT, INC. Principal Place of Business Mailing Address 98 SOUTH FEDERAL HWY. 98 SOUTH FEDERAL HWY. 974767 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address tite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1925758 Not Applicable Zip Country ----\_Zip \$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 IVAN HEMENDINGER Street Address (P.O. Box Number is Not Acceptable) 285 VIA NARANJA STORE #47 **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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Defete TITLE Change Change X Addition HEMENDINGER, SALLY NAME Chenyl III Ve III a Sol #409 NAME 285 VIA NARANJA STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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

**Boca Consignment, Inc.** 

July 31, 2002

Uniform Business Report **Division of Corporations** PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

As per conversation with our CPA Joel Feinberg and the Division of Corporations on July 31, 2002, enclosed is our check for \$150.00 filing fee re: our Uniform Business Report. As was discussed, there was a change of address and name, and the first request for payment of the filing fee was never received. 513

Thank you for your understanding in this matter.

Sincerely.

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President