## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State A98000001321 DOCUMENT # 1. Entity Name **BOCA INVESTORS GROUP, LTD.** Mailing Address Principal Place of Business 350 WEST CAMINO GARDENS BLVD., #303 350 WEST CAMINO GARDENS BLVD., #303 **BOCA RATON FL 33432-5825 BOCA RATON FL 33432** 3. Mailing Address Principal Place of Business Bai E. Hillsboro Blud. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FÉI Number City & State 65-0838497 beerfield) Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name المستحههم يرار بالمنجوع لمال BOCA INVESTMENT GROUP, INC. Address (P.O. Box Number is Not Acceptable) 350 WEST CAMINO GARDENS BLVD., #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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION ,66/6, 800 P97000106038 DOCLIMENT # STREET ADDRESS **BOCA INVESTORS GROUP, INC.** NAME 350 WEST CAMINO GARDENS BLVD., #303 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS :300003283993+ NAME 06/1<del>2/0</del>0--01005--020 STREET ADDRESS CITY-ST-ZIP \*\*\*\*141.25 \*\*\*\*141.25 CITY-ST-ZIP DOCLIMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STRIFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes