2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24922 1. Entity Name

Principal Place of Business

Mailing Address

1690 S CONGRESS AVE STE. 200 **DELRAY BEACH FL 33445**

1690 S. CONGRESS AVE STE. 200 DELRAY BEACH FL 33445-6386

FILED Mar 27, 2000 8:00 am **Secretary of State** ORIOLE-BOCA, INC. 03-27-2000 90102 017 ***150.00

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2305076 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIVINKSI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1690 S CONGRESS AVE, STE 200 **DELRAY BEACH FL 33445** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete LEVY, RICHARD D. NAME STREET ADDRESS 1690 S CONGRESS AVE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE Change ☐ Addition ☐ Delete PIVINSKI, JOSEPH NAME NAME 1690 S CONGRESS AVE 200 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY-ST-7IP Addition Change Sn TITLE ☐ Delete LEVY, HARRY A. NAME 1690 S CONGRESS AVE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DELRAY BEACH FL Change ■ Addition TITLE ☐ Delete TITLE LEVY, MARK A. NAME NAME 1690 S CONGRESS AVE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Addition ☐ Change 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

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

J. PI<u>VINSKI</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 274-2000