2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G28572** Feb 24, 2000 8:00 am **Secretary of State** BOCA RATON SWIM TEAM, INC. 02-24-2000 90015 030 ***150.00 Principal Place of Business Mailing Address % XAVIER JUAN WAHNER PO BOX 2859 4000 N. FEDERAL HWY. SUITE 208 **BOCA RATON FL 33427** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2281404 Not Applicable Zip Country Country \$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 WAHNER, XAVIER JUAN Street Address (P.O. Box Number is Not Acceptable) 4000 N. FEDERAL HWY. SUITE 206 BOCA RATON FL 33431 Zip Code FŁ 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 when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE'NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change Addition TITLE Delete TITLE WAHNER, XAVIER J NAME NAME STREET ADDRESS 1290 NW 8TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 Change Addition Delete TITLE TITLE BOPP, WILLIAM NAME NAME STREET ADDRESS 1400 SW 21ST LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 00000 CITY-ST-ZIP ☐ Addition SD TITLE ☐ Delete TITLE WAHNER, GLENDA M NAME NAME STREET ADDRESS 1290 NW 8TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE WAHNER, JORGE J. NAME NAME STREET ADDRESS STREET ADDRESS 4000 N. FEDERAL HWY. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete □ Change TITLE NAME NAME 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.

SIGNATURE: 2-7-2000 561-392-6620