2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G28572 DOCUMENT # 1. Entity Name

BOCA RATON SWIM TEAM, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90198 044 ***150.00

			The state of the s	
Principal Place of Business 1700 SOUTH DIXIE HWY PO BOX 2859 SUITE 103 BOCA RATON FL 33432 Mailing Address PO BOX 2859 BOCA RATON FL 3				L (BRILLIA BRIGA FIRMA FRANCE ALIGNE ALIGNE AFRANCE AF
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2281404 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		· · · · · · · · · · · · · · · · · · ·	Name	
	WAHNER, XAVIER JUAN			(DO D. Markett
1700 SO	UTH DIXIE HWY		Street Address	ss (P.O. Box Number is Not Acceptable)
SUITE 103				
BOCA RATON FL 33432			City	FL Zip Code
8. The abov	re named entity submits this statement for	the purpose of changing its	s registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	ations of registered agent.		•	out of the second of the secon
SIGNATURE				
O/GIV II OI IL	Signature, typed or printed name of registered agent as	nd title if applicable. (NO)	E: Registered Agent signature requir	ired when reinstating) DATE
	FILE NOW!!! FEE IS \$150.00			
Afte	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	1		
TITLE	PD OFFICERS AND L		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	WAHNER, XAVIER J	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	
TITLE	D /			
NAME	BOPP_WILLIAM	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	1400 SW 21ST LANE		NAME	
CITY-ST-ZIP	BOCA RATON FL 33486		STREET ADDRESS CITY-ST-ZIP	
TITLE	SD			
NAME	WAHNER, GLENDA M	☐ Delete	TITLE · NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	
TITLE	V	□ Delete	TITLE	
NAME	WAHNER, JORGE J.	C Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	1700 SOUTH DIXIE HWY STE 103		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME		- Ocicie	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	
NAME		r ⊃ ∩cicic	MALIC	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

BEQUIREXavier J. Wahner

561-392-5020

Daytime Phone #