## **2000 UNIFORM BUSINESS REPORT (UBR)**

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

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## **FILED** DOCUMENT # **J96298** May 11, 2000 8:00 am 1. Entity Name Secretary of State 198 HOLDINGS, INC. 05-11-2000 90327 026 \*\*\*150.00 Principal Place of Business Mailing Address 198 NW 20TH ST. 198 NW 20TH ST. BOCA RATON FL 33431-7950 BOCA RATON FL 33431-7950 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0008863 Not Applicable 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 Name FRIEDMAN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD, SUITE 801 **BOCA RATON FL 33486** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PPD TITLE Change ☐ Addition ☐ Delete TITLE DRANOFF, MORTON F. NAME NAME STREET ADDRESS STREET ADDRESS 198 NW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition 👿 Delete TITLE DRANOFF, PATRICIA A. NAME 198 NW 20TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change Delete\* titi F TITLE LEVY, DAVID M. NAME NAME 1140 S.W. 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE LEVY, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1140 S.W. 20TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** -☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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