2001 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # K24877** 1. Entity Name BOCA REALTY EAST, INC. 4-12-2001 90061 031 ***150.00 Principal Place of Business Mailing Address 629 SOUTH FEDERAL HIGHWAY 629 SOUTH FEDERAL HIGHWAY 4505 S OCEAN BLVD APT L3 -1505 S OCEAN BLVD APT L3 UUU45971 **BOCA RATON FL 33432 BOCA RATON FL 33432** ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0051796 Not Applicable Country Zip Country 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 CIPRIANO, GEORGE E. Street Address (P.O. Box Number is Not Acceptable) 7211 N.W. 76TH STREET TAMARAC FL 33321 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CIPRIANO, GEORGE E NAME STREET ADDRESS STREET ADDRESS 7211 NW 76TH ST CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete TITLE Change Addition NAME CIPRIANO, JOHN B NAME STREET ADDRESS 410 NORTH FEDERAL HIGHWAY, #420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 SD ____ ☐ Addition TITLE Delete TITLE Change NAME BLACK, CARLA A NAME STREET ADDRESS 727 ST ALBANS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete Change ☐ Addition HOWELL, JEAN B NAME STREET ADDRESS STREET ADDRESS 1505 S OCEAN BLVD L-3 CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition 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 changed, or on an attachmen with an address. with all other like empowered. CIPRIANO 4-6-0, 561-338.7777 SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR