

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90359 029 \*\*\*150.00

0376641 AV

**DOCUMENT # K24877**

1. Entity Name  
**BOCA REALTY EAST, INC.**

Principal Place of Business <b>629 SOUTH FEDERAL HIGHWAY</b> <del>1169 S OCEAN BLVD APT L3</del> <b>1505</b> <b>BOCA RATON FL 33432</b> <b>US</b>	Mailing Address <b>629 SOUTH FEDERAL HIGHWAY</b> <b>1169 S OCEAN BLVD APT L3</b> <b>BOCA RATON FL 33432</b> <b>US</b>
---	---



2. Principal Place of Business <b>1505 S. OCEAN BLVD L-2</b>	3. Mailing Address <b>1505 S. OCEAN BLVD L-2</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>	4. FEI Number <b>65-0051796</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33432</b>	Country <b>USA</b>	Zip <b>33432</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CIPRIANO, GEORGE E.</b> <b>7211 N.W. 76TH STREET</b> <b>TAMARAC FL 33321</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	---

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 \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CIPRIANO, GEORGE E</b> <b>7211 NW 76TH ST</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CIPRIANO, JOHN B</b> <b>410 NORTH FEDERAL HIGHWAY, #420</b> <b>DEERFIELD BEACH FL 33441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BLACK, CARLA A</b> <b>727 ST ALBANS DR</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOWELL, JEAN B</b> <b>1505 S OCEAN BLVD L-3</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John B. Cipriano **REQUIRED** **4-30-02** **(561) 592-8301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)