2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2000 08:00 AM DOCUMENT # K42586 1. Entity Name **Secretary of State** BOCA FLYERS THREE, INC. Principal Place of Business Mailing Address 9100 RED OAK LANE 9100 RED OAK LANE BOCA RATON FL BOCA RATON FL 33428 33428 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 65-0082377 Not Applicable Zip Country Country \$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 BECK, LOUIS S 5269 PRINCETON WAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON 33496 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. 03/19/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME NAME LONGHINI D. WILLIAM STREET ADDRESS STREET ADDRESS 11261 N. W. 33RD. STREET CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS TITLE ☐ Delete TITLE X Change ☐ Addition NAME RUCKER, DAVID W. NAME RUCKER, DAVID W. STREET ADDRESS 1299 S OCEAN BLVD UNIT 4F STREET ACCRESS 561 N. COUNTRY CLUB DRIVE CITY-ST-ZIF CITY-ST-ZIP BOCA RATON FI. ATLANTIS FL. TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME MANAKAS, CHRIS NAME STREET ADDRESS 9100 RED OAK LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BECK, LOUIS S NAME STREET ADDRESS 5269 PRINCETON WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME GRAEF JEFF STREET ADDRESS 5269 PRINCTON WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/8

CITY-ST-7IP