

AMENDED  
6-30-03


FILED

03 JUL 10 PM 12:45

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

AMENDED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K55858			
1. Entity Name <b>BOCA BEARING COMPANY</b>			
Principal Place of Business 1500 SW 30 STREET SUITE 3 BOYNTON BEACH, FL 33426		Mailing Address 1500 SW 30 STREET SUITE 3 BOYNTON BEACH, FL 33426	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0092821</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLANTZ, RONALD P. 7961 S.W. SIXTH STREET, SUITE 200 PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when filing.)</small>			
FILE NOW WITH FEES: \$160.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BAUM, ALLEN R. 1600 SW 30 STREET, SUITE 3 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SECRETARY SYLVIA J RUDINSKY 1500 S.W. 30TH AVE #3 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition	7000214496 07/10/03--01012--001 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.			
SIGNATURE: <i>Allen R. Baum</i>		6-30-03 561-998-0004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2003-004 (10/02)

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