

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001315

1. Entity Name

BCCA-STA L.C.

FILED

01 MAR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2255 Glades Rd.
Suite 411-E
Boca Raton FL 33431

Mailing Address

2255 Glades Rd.
Suite 411-E
Boca Raton FL 33431

2. Principal Place of Business

40 QTA Associates Inc.

3. Mailing Address

Suite, Apt. #, etc.
3711 NE 27th AVE.

Suite, Apt. #, etc.

City & State

City & State

LIGHTHOUSE PT FL

Zip

Country

Zip

Country

33064

USA

4. FEI Number

05-0524855

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

William S. Kramer
2255 Glades Rd
Suite 411-E
Boca Raton FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-04/12/01--01008--018
*****50.00 *****50.00

9. MANAGING MEMBERS/ MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boca STA Inc. 2255 Glades Rd #411-E Boca Raton FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Byrmeister 7280 W. Palmetto Park Rd. Boca Raton FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Hoffman 7280 W. Palmetto Park Rd. Boca Raton FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Hal Dickson 7280 W. Palmetto Park Rd. Boca Raton FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)