2000 UNIFORM BUSINESS REPORT (UBR) 5/ DOCUMENT # N98000001932 Jun 21, 2000 8:00 am 1. Entity Name Secretary of State MISSION BAY COMMERCIAL CENTER, INC. 05-09-2000 90069 013 ****61.25 Principal Place of Business Mailing Address 2650-N.W.~23RD-WAY 2650-N.W. 2000-WAY BOCA RATON FL 33431-4017 BOCA-RATON FL 99491 2. Principal Place of Business 3. Mailing Address Missum Ba Mission Ban DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc 20173 20273 Boca (City & State Applied For 4. FEI Number Boc a APPI IEP FOR Not Applicable Pelin Bel \$8.75 Additional Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEAD, THOMAS-A 2650-M-W: 23RD-WAY Meddas BOGA RATON FL-33/37 8. The above named entity adjoralts this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition TITLE Delete TITLE PD NAME NAME HEAD, THOMAS A STREET ADDRESS STREET ADDRESS 2650 N.W. 23RD WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE Delete TITI F NAME NAME ROSEMURGY, JAMES M STREET ADDRESS STREET ADDRESS 2844 BANYAN BOULEVARD N.W. CITY-ST-ZIP CITY-\$1-ZIP BOCA RATON FL 33431 ☐ Delete TITLE TITLE STD NAME NAME WOCHNA, GERALD M STREET ADDRESS STREET ADDRESS 2095 N.W. 30TH ROAD CITY-ST-ZEP CITY-ST-ZIP BOCA-RATON-FL-33431 Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS -->C⊃--> ±4 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS UNITEO CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 supplied ental 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the co SIGNATURE:

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