2000 UNIFORM BUSINESS REPORT (UBR) 3/23 FILED DOCUMENT # N99000004901 Jul 05, 2000 8:00 am **Secretary of State** DELRAY BUSINESS ASSOCIATES, INC. 03-21-2000 90085 044 ****70.00 Mailing Address Principal Place of Business 1498 NW 2640 325 N.E. 3RD AVE ca Raton DELRAY BEACH FL 33444 DELBAY-BERCH FL 33444-3811 2. Principal Place of Business 3. Mailing Address 4498 NW 26 Ave Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 65-0235855 Applied For Soca Not Applicable Zip 3 Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARBARA MANUS BARBARA DE PETRILLO, MICHAEL 325 N.E. 3RB AVE DELRAY BEACH FL 33444 4498 NW EL 33434 ator 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 Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Deiete NAME iáwin, Jean RAME STREET ADDRESS STREET ADDRESS 801 S FEDERAL HWY CITY-ST-ZE CITY-ST-ZP DELRAY BEACH FL 33483 Change ☐ Addition UDE DIG TOP TITL G Delete NAME Michugh, Beth NAME STREET ADDRESS 3127 CHAPEL HILL BLVD STREET ADDRESS CITY-ST-ZIP CITY ST-ZP <u>Boynton Beach FL 33435</u> Treasurer In Anus Change Addition TITLE Delete TITLE BARBARA DE PETRILLO, MIGHAEL 325 N.E. JRB AVE 4458 NWZEDA NAME NAME STREET ADDRESS STREET ADDRESS Boca Raton, He CITY-ST-ZIP CITY-ST-ZIP DETRAY BEACH TI 33441 DICTORIC FIELDS D Detete ☐ Change **Addition** TITLE TITLE KANE HAME NE Spanish River Blod. # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-1P oca Rodon, 71.33431 Change M Addition Delete me 30 W Palners Park Rd NAME MAUE STREET ADORESS STREET ADDRESS Boca Ratin 72 33432 CITY-ST-ZIP CITY-ST-ZP ☐ Chance **XAddition** TITLE TIFLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CMY-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 Statules, 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

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