

DOCUMENT # P00000061231			
1. Entity Name COLLELO'S OF BOYNTON, INC.			
Principal Place of Business 18288 FRESH LAKE WAY BOCA RATON FL 33498		Mailing Address 18288 FRESH LAKE WAY BOCA RATON FL 33498	
2. Principal Place of Business 4895 Windward Passage DR Suite, Apt. #, etc. Suite 1 City & State Boynton Beach, FL Zip 33436 Country BP		3. Mailing Address 4895 Windward Passage DR Suite, Apt. #, etc. Suite 1 City & State Boynton Beach, FL Zip 33436 Country PB	
6. Name and Address of Current Registered Agent			
BLODIG, GREGORY J ESQ. GREENSPOON, MARDER, HISCHELD, RAFKIN, PA 100 WEST CYPRESS CREEK RD. SUITE 700 FT. LAUDERDALE FL 33309			Name Street Address (Firm) City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
D COLLELO, THOMAS 18288 FRESH LAKE WAY BOCA RATON FL 33498			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
D COLLELO, JOSEPH 18288 FRESH LAKE WAY BOCA RATON FL 33498			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that the information shall have the effect of a change of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, if the information is changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ THOMAS			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

[illegible]

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)