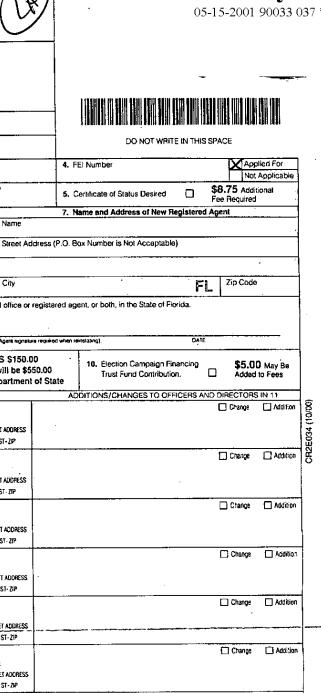
5/15/01-90033-03

## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000073398 **BOCA MEDIATION SERVICES, INC.** Mailing Address Principal Place of Business 4800 NORTH FEDERAL HIGHWAY 4800 North Federal Highway SUITE 300-D SHITE 300-D BOCA RATON FL 33431 BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country Zip Country 5. Name and Address of Current Registered Agent FRIEDMAN, LAWRENCE B ESQ. 4800 NORTH FEDERAL HIGHWAY SUITE 300-D **BOCA RATON FL 33431** B. 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 till e if applicable. (NOTE, Registered Agent monature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Celete TITLE FRIEDMAN, LAWRENCE B ESQ. NAME NALIF 4800 NORTH FEDERAL HIGHWAY STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CHY-ST-ZP TITLE ☐ Delete TITLE NAME NAME

## Jun 15, 2001 8:00 am Secretary of State

05-15-2001 90033 037 \*\*\*150.00



13. 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 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 or mpowered to, execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-7/P

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SIGNATURE:

STREET ADDRESS

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NAME

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OF SIGNING OFFICER OR DIRECTOR