2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Escretary of State P01000086582 **DOCUMENT #** 1. Entity Name RMB BOCA INVESTMENTS, INC. 03-06-2002 90083 024 ***150.00 Mailing Address Principal Place of Business 7200-WEST_PALMETTO-PARK-RD:: STE:-106 -7280-WEST-PALMETTO PARK RD: STE. 106. BOCA-RATON-FL-93433-BOCA-RATON-FL-33433-2. Principal Place of Business 3. Mailing Address 2790 N Federal Highway Same As 2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 400 4. FEI Number City & State Applied For City & State 65-1134927 Boca Raton FL Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33431-7784 Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent - - -RICHARD M. BOGDANOFF -CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417-E. VIRGINIA ST., STE: 1-2790 N. Federal Highway TALLAHASSEE FL-32301-Suite 400 City Boca Raton 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. Richard M. Bogdanoff (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PD-☐ Addition TITLE Delete TITLE BOGDANOFF, ROBERT-M NAME NAME -7280 WEST-PALMETTO PARK-RD., STE.-106 STREET ADDRESS STREET ADDRESS BOCA-RATON FL 33433-CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition TITLE PD ☐ Delete TITLE NAME NAME RICHARD M. BOGDANOFF STREET ADDRESS STREET ADDRESS 2790 N. Federal Highway Súite 400 CITY-ST-ZIP CITY-ST-ZIP Boca Raton. FL Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empowered 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.

RULLARD M BOGDANOFF

President

FILED

Daytime Phone #