2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000067306 **DOCUMENT#** 1. Entity Name

Mailing Address

421 SAXONY WAY

BOCA GARDENS REALTY CORP.

Principal Place of Business

421 SAXONY WAY

FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90081 001 ***150.00

Se vi	
	C TOUTHOUT THE COULD STATE OBSITE CONTENTATION CONTOURS THE CORRECT STATE CONTOURS TO COMPANY CONTOURS AND CONTOURS OF THE CON

DELRAY BEACH FL 33446			DELRAY BEACH FL 33446											
2. Principal Plac	Principal Place of Business			3. Mailing Address					1	 		88 48 8 44 18 8 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number Applied For						
Zip	Zip Country			Zip Coun			5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered	egistered Agent					7. Name and Address of New Registered Agent					
o. Hallo and Addison O. Garrett Hogacion Agosti						Name								
KORMAN, MI	URRAY			Street Addre) Boy N	Number is Not Acceptable)					
421 SAXONY	WAY					Oli COL A		J. DOX 1						
DELRAY BEA	CH FL 3	3446												
						City				FL	Zip Cod	e		
8. The above na	med entity	submits this statement for	or the purpos	se of changing its	registere	ed office or	registered	agent.	or both, in the State of Flor		amiliar with.	and accept		
the obligations			pu	o				-9			,	,		
SIGNATURE														
	natura, typed	or printed name of registered agent	and title if applica	able. (NOTE	: Registered	d Agent signati	re required wh	en reinstat	ing)	DATE				
After Ma	ay 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	f State					j	Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees		
10.		OFFICERS AND	DIRECTORS	S	11.		P	ADDIT	ONS/CHANGES TO OFFI	CERS AND	DIRECTOR			
TITLE				Delete Delete	TITLE		Susi	وسر ز	SARAMILLO		Change	Addition		
name Street _e ≉dress					NAME	: Et address	421	SA	YAW YMOX					
CITY-ST-ZIP					1	ST-ZIP			BEACH FL.	334	46			
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE		MUP 42	KAY 1 S	/ Korman exony way		☐ Change	Addition		
CITY-ST-ZIP					CITY-	-ST-ZIP	DE	<u>(RM</u>	BEACH FL 3	344	0			
TITLE			<u> </u>	☐ Delete	TITLE		5/	<u> </u>	L/APMA.I		☐ Change	Addition		
NAME					NAME	1	EL	WINE	AXONY WAY					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS •ST-ZIP	42	21 >	BEACH FL.	2 >11 (16			
TITLE			·	□ Delete	TITLE		VE	KAY	DENCH, FL.	<u> 725</u>	☐ Change	Addition		
NAME				TT Deterfe	NAME						☐ Change	L_I Addition		
STREET ADDRESS						ET ADDRESS								
CITY-ST-ZIP					CITY-	ST-ZIP					_			
TITLE				☐ Delete	TITLE			-			☐ Change	☐ Addition		
NAME					NAME				•					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS								
					┪—	ST-ZIP					[] (h	—————————————————————————————————————		
TITLE				Delete	TITLE						Change	Addition Addition		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR