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FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>PO2000114243</b>
1. Entity Name Boca Raton Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2030 Bethel Blvd. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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**REINSTATE FEE \$50.00**  
DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL	City & State	4. FEI Number 55-0803467	Applied For <input type="checkbox"/> Not Applicable
Zip 33486	Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Michael Shegota	
Street Address (P.O. Box Number is Not Acceptable) 2030 Bethel Blvd.	
City Boca Raton	FL Zip Code 33486

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Shegota Michael Shegota 9/1/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Michael Shegota 2030 Bethel Blvd Boca Raton, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Shegota Michael Shegota 9/1/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

