


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91866 029 \*\*\*150.00

DOCUMENT # <b>10200175847</b>	
1. Entity Name North Miami Boca Holding, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 321 E Hillsboro Blvd Suite, Apt. #, etc.		3. Mailing Address 321 E Hillsboro Blvd Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33441	Country	Zip 33441	Country

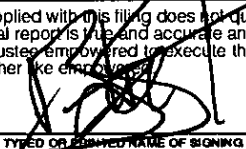
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Schocket, Jeffrey		
Street Address (P.O. Box Number is Not Acceptable) 321 E Hillsboro Blvd			
City Deerfield Beach			FL Zip Code 33441

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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"/> <b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Street, Brian 321 E Hillsboro Blvd Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cohen, James 321 E Hillsboro Blvd Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Schocket, Jeffrey 321 E Hillsboro Blvd Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 information.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> _____ <small>Daytime Phone #</small> _____

CR2E034B (12/02)