FILED

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Secretary of State

02-03-2003 90122 009 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000002491 DOCUMENT

1. Entity Name

AVANTE AT BOCA RATON, INC.



Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD. 4000 HOLLYWOOD BLVD. SUITE 540 NORTH SUITE 540 NORTH HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0377878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE TITLE ☐ Change ☐ Addition Delete CARUSO, DARREN NAME NAME 4000 HOLLYWOOD BLVD #540N STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP DT X Change ☐ Addition TITLE ☐ Delete TITLE LICHTMAN, HARVEY L Lichtman, Harvey L NAME NAME 4000 HOLLYWOOD BLVD., SUITE 540 NO. STREET ADDRESS STREET ADDRESS 4000 Hollywood Blvd., Suite 540N HOLLYWOOD FL 33021 CITY-ST-ZIE CITY-ST-7IP Hollywood, FL 33021 DVS --- Delete -TITLE TITLE --- Addition **BOKOR, MICHAEL** NAME NAME STREET ADDRESS 4000 HOLLYWOOD BLVD #540N STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attack with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EMichael Bokor ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

02/02/03

954-987-7180

☐ Change

■ Addition