04/03/2001 11:41 5166820385 FGM

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90034 014 ***150.00

DOCUMENT # P94000088596 2001

1. Entity Name

BOCA ACADEMY, INC.

Principal Place of Business	Mailing Address
19860 JOG RD BOCA RATON FL	C/O FGM & CO 280 PLANDOME ROAD MANHASSET NY 11030-2327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	22354 S.W. 57TH Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOCA RATON FL
Zip / Country	Zip: 33433 / Country

4. FEI Number: 65-0546514 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE

9. The corporation is eligible to satisfy its intangible personal property filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASTOR, PATRICIA 22354 SW 57 AVE BOCA RATON FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASTOR, LIONEL 22354 SW 57 AVE BOCA RATON FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEINBERG, MARK 280 PLANDOME RD MANHASSET NY 11030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTTERMAN, MARK 280 PLANDOME RD MANHASSET NY 11030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, BURTON 280 PLANDOME RD MANHASSET NY 11030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

3. 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 11 or 12 above, if applicable, or on an attachment with all other like empowered.

SIGNATURE: _____ 4/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE

4/2/2001