2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000076046** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name BOCA-JAX, INC. 04-26-2000 90171 041 ***150.00 Principal Place of Business Mailing Address 180 CAN JUAN DR. 89-SAN-JUAN-DR. PONTE VEDRA BEACH FL PONTE-VEDRA BEACH FL 32002 UUUUVV + ~ -2. Principal Place of Business (0353 W. KOFERS C:RCLE 3. Mailing Address 3760 PO. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State OCA City & State 4. FEI Number Applied For 59-3342479 RATON RATON Not Applicable BOCACountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAHAMOVITCH FALLGATTER & BOND, P.A. (P.O. Box Number is Not Acceptable) Street Address 121 W. FORSYTH ST, STE. 600 JACKSONVILLE FL/32202 SUITE of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub SIGNATURE H (ATEHorager Action adharmoraged from reinstating) Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE STOUDEMIRE, 171, CABLE NAME NAME 189 SAN JUAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDBA BEACH FL 32082 CITY-ST-ZIP Addition Addition Change TITLE TITLE ☐ Delete HARRY H. HAHAMOVITCH 6357 W. ROGERI CIR., STE. 1 HAHAMOVITCH, HARRY H NAME NAME STREET ADDRESS 6353 W. ROGERS CIR., STE. 1 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-7IP **BOCA RATON FL 33487** Delete ☐ Change Addition TITLE TITLE COHEN, FOWARD / NAME NAME 8022 PISCHER J8LAND DR. STREET ADDRESS STREET ADDRESS MIAMI FL 33109 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition | ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied trib trib 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 eath; that I am an officer or director of the corporation or the receiver or trusteed in overeit to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additional other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-17-00

561-994-2233

Daytime Phone #