FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # P95000076046 1. Entity Name 04-23-2002 90387 027 \*\*\*150 00 BOCA-JAX, INC. Principal Place of Business Mailing Address 6353 W ROGERS CIRCLE P OB OX 273760 **BOCA RATON FN 33427** STE 1 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3342479 Not Applicable Zip Country Zip 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 HAHAMOVITCH, HARRY Street Address (P.O. Box Number is Not Acceptable) 6353 W ROGERS CR STE #1 **BOCA RATON FL 33487** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing; requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME HAHAMOVITCH, HARRY STREET ADDRESS STREET ADDRESS 6353 W ROGERS CR, STE 1 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an addr SIGNATURE:

13. I hereby certify that the information supplied with t

indicated on this report or supplemental report of the corporation or the receiver or trustee en

SIGNATURE AND TYPED OR PRINTE

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if