2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011563

1. Entity Name: SW 18TH BOCA CORP.

FILED
01 DEC 13 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address:
10739 NW 51st STREET (SAME)
CORAL SPRINGS, FL 33076

2. Principal Place of Business: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0638886 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
Sandy Levy
10739 NW 51st Street
Coral Springs, Fl 33076

7. Name and Address of New Registered Agent:
Name: John A. Moffa, P.A.
Street Address (P.O. Box Number is Not Acceptable): 7800 W. Oakland Park Blvd., #E214
City: Sunrise FL Zip Code: 33351

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: - John A. Moffa, Esq.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip	Delete
Pres./Dir. Sandy Levy 10739 NW 51 St. Coral Springs, Fl	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change	Addition
Pres./V.P./Treas./Dir. John P. Barbee, Trustee for Sandy Levy & Sandra Levy c/o John A. Moffa, P.A.	☑	☐
7800 W. Oakland Park Blvd. Sunrise, Fl 33351	☑	☐
Secretary John A. Moffa, P.A. 7800 W. Oakland Park Blvd., ~~Suite #E-214~~ Sunrise, Fl 33351	☑	☐
	☐	☐
000004745630--6 -12/31/01--01085--024 *****70.00 *****70.00	☐	☐
TS	☐	☐

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. MOFFA, ESQ.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)