2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000019037** DELRAY DEVELOPMENT CORP. 04-30-2001 90042 030 ***150.00 Principal Place of Business Mailing Address 1100 HOLLAND DRIVE 1100 HOLLAND DRIVE BOCA RATON FL 33427 **BOCA RATON FL 33427** 2. Principa! Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0653580 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 Name MOORE, WR Street Address (P.O. Box Number is Not Acceptable) - 4800 NO. FEDERAL HIGHWAY STE 210-A. **BOCA RATON FL 33431** 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Change Addition MOORE, W R NAM8 NAME STREET ADDRESS **7623 SIERRA TERRACE** STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-SI-ZIP ☐ Delete TITLE Addition GOLDSTEIN, ELLIOT NAME 1100 HOLLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP vstd THUE ☐ Delete TITLE ☐ Chacoe ☐ Addition GOLDSTEIN, ELEANOR NAME STREET ADDRESS 1100 HOLLAND DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CIEY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cr-Portgus Mary (V) 3.2.01 561.994.

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