## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000079725** 1. Entity Name 05-03-2000 90111 032 \*\*\*150.00 SIEMENS PEMBROKE PINES CORP. Mailing Address Principal Place of Business 4800 NORTH FEDERAL HIGHWAY, SUITE A200 4800 NORTH FEDERAL HIGHWAY, SUITE A200 725622 SUITE 202-E SUITE 202-E BOCA RATON FL 33431-3410 **BOCA RATON FL 33431** us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0755077 Not Applicable Country Zip Country Zip \$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 Name WILLIAMS, SCOTT G Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH FL 33401 City Zio 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition D ☐ Delete TITLE TITLE NAME NAME SIEMENS, RICHARD STREET ADDRESS 4800 N FEDERAL HWY, SUITE 202-E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 in this and desirable and that made and the section 119.07(3)(ii), Florida Statutes. courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee

Daytime Phone #

changed, or on an attachment with an a

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