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2000	UNIFORM BUSI	(UBR)	Apr 28 2000 8:00 am						
OCUMENT # P96000096387					Apr 28, 2000 8:00 am Secretary of State				
JOYCE B	ORCINA, INC.					02-04-2000	90046 01	4 ***150.00	I
rincipal Place	of Business	Mailing Address	==						
: HOLLY LANE à RATON FL 33486		601 HOLLY LANE BOCA RATON FL 33486-5623		.7.					
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			t	OO NOT WRITE IN THIS	SPACE		
City & State		City & State			4. FEI Number	55-0710683		olied For Applicable	
Zip	Country	Zip	o Count		5. Certificate of Sta	tus Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addre	ess of New Registered	Agent		
				Nameraym				}	
BORCINA, JOYCE A			ļ						
601 i	IOLLY LANE	Silver		732	O GRIF	FINNKD	Ste.Z	-12	
BOCA	a raton FL 33486							-	
	,			City DAVI	E	F	L ZigCg	214	
Thombour	named epility submits this statement to	r the purpose of appearing its	rocietoro	<u> </u>			-100	311	
ine above	named epithy submits this statement to	rine purpose or changing its	registere	ea office or registered	agent, or both, in the				
SIGNATURE &	Raymond M. Alle	ellos.				3-2-	2000	}	
GIGNATURE Z	Signature Ayped or printed hards of registered agent	and ode if applicable, (NOT	E Registered	d Agent signature required wh	tien reinstating)	DATE			
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!	!!! FEE	IS \$150.00	10. Election	Campaign Financing	\$5 n	O May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of			Trust Fund Contribution. Added to Fees				
	OFFICERS AND	<u>. l</u>			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
) 5. TILE	0 OFFICERS AND	Delete	TITLE		ADDITIONS/CHA	NGES TO OFF ICENS AF	Change	Addition .	
IAME	BORCINA, JOYCE A	FT Delete	NAM	1		•			
TREET ADDRESS	601 HOLLY LANE		STRE	EET ADDRESS				}	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY	-ST-ZIP					
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titic	<u></u>	☐ Oolds	- Ori	<del></del>			[] Change	Addition	

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 than produced the composition of the receiver of trustee empowered.

56/338 - 4/55

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

JOYCE BORCINA PRES

Change