2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000100353** Feb 15, 2000 8:00 am **Secretary of State** ZAPPITELL & KAPRAL, P.A. 02-15-2000 90033 050 ***150.00 Principal Place of Business Mailing Address 1489 WEST PALMETTO PARK ROAD SUITE-405 1489 WEST PALMETTO PARK-ROAD, SUITE 408 **BOCA RATON FL 33486** BOCA RATON FL 33486-3326 THE EXCLUSIVE 2. Principal Place of Business 3. Mailing Address 5355 TOWN CENTER ROAD #1105 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 1105 SUITE Applied For 4. FEI Number 65-0712359 Not Applicable \$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 ZAPPITELL, DAVID J Street Address (P.O. Box Number is Not Acceptable) SUIFE 1105 1489 WEST PALMETTO PARK ROAD, SUITE 405 'BOCA RATON FL 33480 purpase of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state DAVID J. ZAPPITELL SIGNATURE title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sat 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elect Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE Change ☐ Addition ☐ Delete TITLE ZAPPITELL, DAVID J NAME NAME 5355 TOWN CONTOL POAD, SUITE 1105 STREET ADDRESS STREET ADDRESS 1489 WEST PALMETTO PARK ROAD, SUITE 405 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** ☐ Change ☐ Delete TITLE KAPRAL, STEPHEN M JR. NAME NAME TOWN DENTER POAD, SUITE 1105 1489 WEST PALMETTO PARK ROAD, SUITE 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE □ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP thereby certify that the information supplied with this filing áte a á

nutrify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if powered. indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with a

SIGNATURE:

SIGNATURE AND TYPED OR P