2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000016786 1. Entity Name STOYAN R. DULGEROFF, P.A.											FILI	E D				
										Mar 14, 2001 08:00 AM Secretary of State						
Principal Place	e of Busines				Mailing Address 7402 E. COUNTRY CLUB BLV	D.	<u> </u>								-	
BOCA RATON 33487			FL		BOCA RATON 33487		FL									
2. Principal Place of Business 5278 SAPPHIRE VALLEY					3. Mailing Address 5278 SAPPHIRE VALLEY										•	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					J	DO NOT V	/RITE IN	THIS S	SPACE	–	
City & State BOCA RATON			FL		City & State BOCA RATON		FL			El Number -0731473		"		——————————————————————————————————————	pplied For Applicable	
Zip 33486		Countr	у		Zip 33486	Cour	ntry			Certificate of Sta	tus Desire	d [\$8.75 Ac	dditional	
	6. Name	and Add	ress of Curre	nt Re	gistered Agent	<u> </u>			7. N	ame and Addr	ess of Ne	v Regist				-
DULGEROFF STOYAN R 7402 E. COUNTRY CLUB BLVD.								ROFF	STO	OYAN R ox Number is N						
BOCA RATON FL 33487							City BOCA R	RATON	_		 		FL	Zip Co 33486	de	-
8. The above	named entit	y submits	this statemen	t for th	ne purpose of changing its	s register			d age	ent, or both, in the	ne State of	Florida.		33400		-
SIGNATURE _	Signature, typed	or printed nar	me of registered ag	ent and	title if applicable. {NO	TE: Registere	ed Agent signat	ture required w	hen rei	nstating)			3/14/ DATE	<u> 2001 </u>	<u></u>	
	oration is elig requirement a ria on back)				FILE NOW After MAY 1, 20 Make Check Paya	101 Fee	will be \$!	550.00		10. Election Trust Fur	Campaign Id Contribi		ng		00 May Be ed to Fees	
11.			OFFICERS A	ND DI	RECTORS	12.	N-10-		ADI	DITIONS/CHAN	IGES TO	OFFICER	S AND	DIRECTO	RS IN 11	_
NAME STREET ADDRESS CITY-ST-ZIP	D DULGER 7402 E. CO BOCA RA	OUNTRY	STOYAN CLUB BLVD.	R	☐ Delete FL 33487	I		D DULGE 5278 SA BOCA I	РРН	IRE VALLEY	N R		FL	Change 33486	☐ Addition	034 (11/
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of the corp changed,	poration or the or on an atta	he receive achment v	r or trustee er vith an addres	npowe s, witi	is filing does not qualify for the and accurate and that ered to execute this report in all other like empowered	my signa t as requi										
SIGNAT	URE: _		N R, DULC JRE AND TYPED O		FF TED NAME OF SIGNING OFFICER	OR DIREC	TOR		D		14/2001 Date		Dá	ytime Phone #		-

Date

Daytime Phone #