
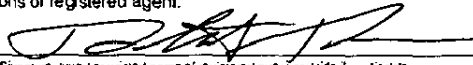



FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90989 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000017755			
1. Entity Name BOCA HOMELINKS, INC.			
Principal Place of Business 2045 N.W. 53RD STREET BOCA RATON, FL 33496		Mailing Address 2045 N.W. 53RD STREET BOCA RATON, FL 33496	
2. Principal Place of Business 21301 Powerline Rd. Suite, Apt. #, etc. Suite 309 City & State BOCA RATON, FL Zip 33433 Country US		3. Mailing Address 21301 Powerline Rd. Suite, Apt. #, etc. Suite 309 City & State BOCA RATON, FL Zip 33433 Country US	
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 59-3437572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, AL 2045 N.W. 53RD STREET BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Rosen, AL Street Address (P.O. Box Number is Not Acceptable) 329 VIZCAYA DR. City PAIM BEACH GARDENS FL Zip Code 33418	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/2/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME ROSEN, AL STREET ADDRESS 2045 N.W. 53RD STREET CITY-ST-ZIP BOCA RATON, FL 33496		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rosen, AL STREET ADDRESS 329 VIZCAYA DR. CITY-ST-ZIP PAIM BEACH GARDENS, FL 33418	
TITLE D <input type="checkbox"/> Delete NAME ROSEN, SHELLY STREET ADDRESS 2045 N.W. 53RD STREET CITY-ST-ZIP BOCA RATON, FL 33496		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rosen, Shelly STREET ADDRESS 329 VIZCAYA DR. CITY-ST-ZIP PAIM BEACH GARDENS, FL 33418	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/2/03 561-477-8806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2034 (10/02)