2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am DOCUMENT # **P97000106038** Secretary of State BOCA INVESTORS GROUP, INC. 05-08-2000 90161 045 ***150.00 Mailing Address Principal Place of Business 2021 TYLER STREET 350 W. CAMINO GARDENS BLVD SUITE 303 HOLLYWOOD FL 33020-4518 **BOCA RATON FL 33432** US 2. Principal Place of Business 321 E. Hillsboro Blyd. 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Deerfield Beach. City & State 4. FEI Number 65-0805631 Not Applicable Zip Country \$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 Street, Brian Street Address (P.O. Box Number is Not Acceptable) 350 WEST CAMINO GARDENS BLVD SUITE 303 **BOCA RATON FL 33432** Zip Code City 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. TITI F 321 E. Hillsboro Blud ☐ Delete STREET, BRIAN NAME NAME Deerfield Beach, FL 38411 STREET ADDRESS 350 WEST CAMINO GARDENS BLVD., SUITE 303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition TITLE □ Delete TITLE 321 E Hillsborn Blud SCHOCKET, JEFFREY NAME NAME STREET ADDRESS Dearfield Beach, Pl. 33441 STREET ADDRESS 350 WEST CAMINO GARDENS BLVD., SUITE 303 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change Addition D Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITI F Change TITLE NAME NAME

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 if chanced, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

954/48-0208

Daytime Phone #