2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P98000017250 05-18-2001 91564 025 ***150.00 WELCOME HOMES BOCA, INC. Principal Place of Business Mailing Address 5530 WISCONSIN AVE., SUITE 900 5530 WISCONSIN AVE., SUITE 900 01011 CHEVY CHASE MD 20815 CHEVY CHASE MD 20815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 52-2093673 Not Applicable Zip Country Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change ZUPNIK, STANLEY R NAME NAME 5530 WISCONSIN AVE., SUITE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHEVY CHASE MD 20815** ☐ Addition TITLE ☐ Channe TITLE ☐ Delete ZUPNIK, KEVIN A NAME 5530 WISCONSIN AVE., SUITE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHEVY CHASE MD 20815** DS Change ☐ Addition ☐ Delete TITLE **BORREDA, BELLA** NAME STREET ADDRESS STREET ADDRESS 5530 WISCONSIN AVE., SUITE 900 CITY-ST-ZIP CITY-ST-ZIP **CHEVY CHASE MD 20815** Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of strugger and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if made under oath; that I am an officer or director in the same legal effect as if we have the same legal 13. I hereby certify that the information supplied

FILED

SIGNATURE: 301-951-0900

indicated on this report or supplement of the corporation or the receiver or the of the corporation of the changed, or on an attachment Stanley