2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # P98000018311 1013 NORTH-FEDERAL, INC .---03-07-2000 90045 012 ***150.00 Principal Place of Business Mailing Address 431 N.E. 10TH TERRACE 431 N.E. 10TH TERRACE BOCA RATON FL 33432-2939 **BOCA RATON FL 33431** B0034489 3. Mailing Address 2. Principal Place of Business 1800 Drive 1200 Lake Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0825922 Beach Delra Not Applicable Delrai \$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 veccia VECCIA, JOSEPH W Street Address (P.O. Box Number is Not Acceptable) 431 N.E. 10TH TERRACE **BOCA RATON FL 33431** 1800 Lake Drive 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition Director TITLE TITLE ☐ Delete ROTHMAN, STEVEN NAME Veccia NAME STREET ADDRESS STREET ADDRESS 3311 WHITE EAGLE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL 60564 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.