2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State **DOCUMENT#** P98000023960 1. Entity Name BOCA LAND HOLDINGS, INC. 03-03-2002 90106 029 ***150.00 Mailing Address Principal Place of Business 321 E HILLSBORO BLVD 321 E HILLSBORO BLVD B0035972 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 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 65-1013842 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STREET, BRIAN Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD **DEERFIELD BEACH FL 33441** Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. Signature, typed or printe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE TITLE □ Delete STREET, BRIAN NAME NAME STREET ADDRESS 321 E HILLSBORO BLVD STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE COHEN, JAMES NAME NAME 321 E HILLSBORO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITLE NAME MCCGRAW, MICHAEL L NAME STREET ADDRESS 321 E HILLSBORO BLVD STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with th indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an address ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Daytime Phone #