## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P98000024167** May 02, 2000 8:00 am Secretary of State SARAH J., INC. 05-02-2000 90025 042 \*\*\*150.00 Principal Place of Business Mailing Address 2295 CORPORATE BLVD. N.W. 2295 CORPORATE BLVD. N.W. SUITE 131 SUITE 131 BOCA RATON FL 33434 BOCA RATON FL 33431-7330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0823996 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name GERSON, GARY N Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. **SUITE 1200** WEST PALM BEACH FL 33401 Zip Code FL 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 (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 After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPCB** ☐ Change ☐ Addition TITLE ☐ Delete FORSTER, WILLIAM A NAME NAME 2295 NW CORPORATE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** KAPLAN, LEONARD F. ☐ Addition 🔀 Delete WILSON, JEANNE M NAME 616 NW 112 WAY NAME STREET ADDRESS 3411 SPANISH TRAIL STREET ADDRESS CORAL SARINGS, FL 33071 CITY-ST-7IP DELRAY BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE GROSS, DAVID NAME NAME 2771 NW 28TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-7IP VCD ☐ Addition ☐ Change 🔀 Delete TITLE NATAN, DAVID NAME 5940 NW 56TH COURT STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33067** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change 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.

AUTRIZEOVARD F. KAPLAN 4/19/00 561-998-5660