2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

URE AND TYPED OR PRINTED NAME OF SIGNI

SIGNATURE

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P98000030544 1. Entity Name BOCA I GENPAR, INC. 04-27-2000 90062 021 ***150.00 Principal Place of Business Mailing Address 3195 NORTH POWERLINE ROAD #104 3195 NORTH POWERLINE ROAD #104 POMPANO BEACH FL 33069-1052 POMPANO BEACH FL 33069 じしししつしょうご 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0904939 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 Name BRENNER, SCOTT F Street Address (P.O. Box Number is Not Acceptable) 3195 NORTH POWERLINE ROAD #104 POMPANO BEACH FL 33069 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 Atter 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. ☐ Addition ☐ Change ☐ Delete TITLE NAME BRENNER, SCOTT F STREET ADDRESS STREET ADDRESS 3195 NORTH POWERLINE ROAD #104 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete ☐ Change ☐ Addition TITLE KOPELMAN, MARC A NAME STREET ADDRESS STREET ADDRESS 3195 NORTH POWERLINE ROAD #104 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOROWITZ, BRIAN NAME STREET ADDRESS STREET ADDRESS 3195 NORTH POWERLINE ROAD #104 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME HOROWITZ, HYMAN B STREET ADDRESS STREET ADDRESS 3195 NORTH POWERLINE ROAD #104 City-St-7IP CITY-ST-ZIP POMPANO BEACH FL 33069 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2/31/00 F599789868