2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000054313 Apr 24, 2000 8:00 am **Secretary of State** PAUL R. GOLIS, P.A. 04-24-2000 90080 050 ***150.00 Principal Place of Business Mailing Address 1200 NORTH FEDERAL HIGHWAY, STE, 200 1200 NORTH FEDERAL HIGHWAY, STE, 200 BOCA RATON FL 33432-2813 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 2000 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0843869 Not Applicable Boc \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -GOLIS, PAUL R 1200 NORTH FEDERAL HIGHWAY, STE. 200 **BOCA RATON FL 33432** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both SIGNATURE 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE 2000 Glades Road, Suite 208 Boca Raton, FL 33431 Change Addition 2000 Glades Road, Suite 208 Boca Raton, FL 33431 NAME GOLIS, PAUL R STREET ADDRESS STREET ADDRESS 6909 TOWN HARBOUR BLVD., APT. 921 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** PVTS Delete TITLE TITLE NAME NAME GOUS, PAUL R STREET ADDRESS STREET ADDRESS 6909 TOWN HARBOUR BLVD - APT 921 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.