2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000094906 BOCA RATON SERVICES, INC. 01-26-2000 90047 021 ***150.00 Principal Place of Business Mailing Address 1921 EAST ATLANTIC BLVD 2520 NW 16TH LANE POMPANO BEACH FL 33060-6551 RAY II POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0874450 Not A. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LESHIN, RANDALL L Street Address (P.O. Box Number is Not Acceptable) 1921 E ATLANTIC BLVD POMPANO BEACH FL 33060 Zip Code 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 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** Mav 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change PT TITLE ☐ Delete NAME NAME ZERRA, RONALD STREET ADDRESS STREET ADDRESS 1901 NW 32ND ST, STE 11 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Delete TITLE ZERRA, DOLORES L NAME STREET ADDRESS STREET ADDRESS 2520 NW 16TH LANE, BAY II CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition ☐ Change TITLE NAME NAME ZERRA, RANDOLPH 👡 🚙 STREET ADDRESS STREET ADDRESS 2520 NW 16TH LANE, BAY II CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Delete ■ Addition Change TITLE NAME ZERRA, PAULA NAME STREET ADDRESS STREET ADDRESS 2520 NW 16TH LANE, BAY II CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: Date Daytime Phone #