	ACE
1000-8-	Applied For
13584	Not Applicable
	8.75 Additional ee Required
gistered Ag	ent
	2
FL	Zip Code 33324
da.	

ITILE AMME ANAME STREET ADDRESS CITY-ST-2P ANAME ANA	ZUUU UNIFUMM BU	òîuess uèbr	INDI (UDI)			
PRICE AND THE SECOND FOR THE SECOND		02956		FILE.	n	
Princed Pace of Business JUNES S. R. 7 Suite 3 Suite 3 Suite 4 Suite 5 Su	1. Entity Name					
BOCA SOTON PC 2. Percent percent depends of the part				00 MAY 12	PM 1:58	
BOCA SOTON PC 2. Percent percent depends of the part	Principal Place of Business Mailing Address			SECRETARY OF STATE		
2. Periodol Piles of Business Sullis Ant. Sullis Ant.	20183 SR7	SUITE 30%	٠.	TARRAHASSE	E. FERRIUA	
Solice Apply Solic	BOCA RATON FL	33498				
Set Applicable Set	2. Principal Place of Business 10183 CX 7	3. Mailing Adsress	176			`
Set Applicable Set	ST JW	Junte, Apr. #, etc.		REINSTATI	MEN	<i>)</i>
Signature of Status Lessed Fee Required -8. Name and Address of Current Registered Agent -9. Name and Address of Surrent Registered Agent -1. Name and Address of New Registered Agent -1. Name and Address of N	SOCA XO FOX TL	City/& State	Low Flo	4. FEI Number 65 - C	7893586 Not Appli	icable
Agent Resigned 12 - 13 - 99 Resigned 12 - 13 - 99 Steen Address of Now Registered Agent Number of Corporation System Agent Resigned 12 - 13 - 99 Steen Address (P.O. Box Number is Not Acceptable) 12.00 S. Pine Island Road City Plantation FL Zip Cade 333.24 8. The above named centry submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Fordat BARRA A DURES STREAMAR A D	Zingy 8 Country 2005	Zip 33443-1226		5. Certificate of Status Desire		
Agent Resigned 12-13-qq Sirrent Address (P.O. Daw Number is Not Acceptable) 1200 S. Pine Island Road	-6. Name and Address of Curr	ent Registered Agent	Namo		w Registered Agent	
8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. BARARA A BURKET Secretar, proof or prince care or registered agent and analysis. SIGNATURE SECRETARY SECRETA	Agent Residued 10 12					
ELE NOWILLE ELECTIONS 10. Election Company in the state of Florida. BARANAR A BURKE SPECIAL ASSISTANT SOCIETARY 3-31-60 SIGNATURE SPECIAL ASSISTANT SOCIETARY 3-31-60 9. This corporation is eligible to satisfy its intengible Task flip in equipment and elects to do so. (Societation of back) 10. Election Campaign Financing 55.00 May Be Agode to Fees 10. Election Campaign Financing 10. Election	ugent restained 17-10		, ,			
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. BARABAR A BURKES SIGNATURE Bornous typed or prime for or registered agent and size of agents and size of submits. POTE Inspires who restands POTE Inspir						
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. BARABAR A BURKES SIGNATURE Bornous typed or prime for or registered agent and size of agents and size of submits. POTE Inspires who restands POTE Inspir		City Planta	ation	FL Zip Code 33324		
SIGNATURE STEEL ADDITIONS SHEET ADDRESS SS.00 STEEL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	8. The above named entity submits this stateme	nt for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of	of Florida.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. (See criteria on back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. (See criteria on back) Affect MAY' 1, 2000 Fee will, be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS IN 11 TITLE MAME TITLE MA	SIGNATURE COMMON CO	aburre -			3-31-00	,
Tax lling requirement and elects to do so. Marker MAY. 1. 2009. Fee will be \$550.00 Supering from the state of the source of		agent and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	DATE	_
SIREE ADDRESS CITY-ST-ZP TITLE NAME SIREE ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE NAME SIREE ADDRESS CITY-	Tax filing requirement and elects to do so.	After MAY 1, 20	000 Fee will be \$550.00	Trust Fund Contrib		
CITY-ST-2P COMPATION FR. 334/FF	11. OFFICERS A		12.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
CITY-ST-2P COMPATION FR. 334/FF	TITLE ANMAG MORAD	Delete			☐ Change ☐ Ar	ddition 8
TITLE NAME \$0.00	STREET ADDRESS 20283 SR 7 S/	530V	STREET ADDRESS	•		1037
NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP SIRE		· · · · · · · · · · · · · · · · · · ·			Change FTA	<u> </u>
STREET ADDRESS CITY-ST-ZIP Delete TITLE	NAME RORSETSK	ZLNER.		10000	3264441	O
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET ADDRESS 20RE3 SR 7 CITY-ST-ZIP 2010 201	57 300 TISPL 29697				00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STR	TITLE 1/6-7-1		TITLE		☐ Change ☐ A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STRE	NAME STREET ADDRESS 21283 SR 7	CF 2 300	I			
TITLE Delete TITLE NAME	CITY-ST-ZIP BOCA RATOR	FL 33448				
STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 ampowered 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 on powered. SIGNATURE: SIGNATURE Description of the composition of the receiver or trustee impowered 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 on powered. SIGNATURE: Description or the receiver or trustee on powered 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 on powered. Description of the composition of the c	TITLE				☐ Change ☐ A	ddition
TITLE NAME 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 impowered 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 a cher like impowered. SIGNATURE: SIGNATURE: Date Daytone Phone #					•	ľ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 ampowered 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 many wered. SIGNATURE: SIGNATURE Date						CPC
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS		L_I Delete			Change Ai	ddition
TITLE NAME 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 impowered 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: SIGNATURE: Description of the corporation of 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: Description of the corporation of 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: Description of the corporation of the receiver or trustee empowered to execute and that my name appears in Block 11 or Block 12 if changed in the corporation of the co	STREET ADDRESS					
NAME 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 impowered 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: SIGNATURE: Description 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. Description 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. Description of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate			.		Change A	ddition
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 impowered 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: SIGNATURE SIGNATURE Description Date Description D		∟ Delete				JOHOU
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 impowered 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dete					•	
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 at other like empowered. SIGNATURE: SIGNATURE: Date Date Daytime Phone #		with this filing does not qualify for		Section 119.07(3)(i) Florida Statut	tes. I further certify that the miles	tion
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTEGNAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Dayline Phone #	indicated on this report or supplemental repo	t is true and accurate and that	my signature shall have th	e same legal effect as if made und	der oath; that I am an officer or direc	ctor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	changed, or on an attachment with an addre	se with all other like on powered	_	$\boldsymbol{\rho}$	Elimilar 1	
		10 M	-		2018872216	
	SGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER			Daytime Phone #	