2001 UNIFORM BUSINESS REPORT (UBR)

0301907

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 AUG -2 AM 9:15

DOCUMENT # P99000008812

1. Entity Name
CHOICE MANAGEMENT ASSOCIATES, INC.

Principal Place of Business	Malling Address
1700 S DIXIE HIGHWAY 200 BOCA RATON FL 33432	102 NE 2ND PMB 351 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~2360 NW 23RD~~	102 NE 2ND ST.
Suite, Apt. #, etc. 102 NE 2nd St PMB 351	Suite, Apt. #, etc. # ~~251~~ 351
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432 Country USA	Zip 33432 Country USA

4. FEI Number 65-0893196 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDFINGER, BRUCE 102 NE 2ND ST NE PMB 351 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANDFINGER, BRUCE 102 NE 2ND AVE., PMB 351 BOCA RATON FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: _____ 5/25/01 561 212 5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)