

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000067246**

1. Entity Name,

BOCA LIQUIDS GROUP, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90117 045 ***150.00

0511124

C0007356

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1877 S FEDERAL HIGHWAY STE 201 BOCA RATON FL 33433 | 1877 S FEDERAL HIGHWAY STE 201 BOCA RATON FL 33433 |

| | |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 1877 S. FEDERAL HWY | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SAME |
| SUITE 201 | |
| City & State | City & State |
| BOCA RATON, FL | |
| Zip | Country |
| 33433 | |

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0937799 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| GREENBERG, ANDREW 1877 S FEDERAL HIGHWAY BOCA RATON FL 33433 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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 State10. Election Campaign Financing
Trust Fund Contribution.☐ **\$5.00 May Be Added to Fees**

| | |
|----------------------------|-------------------------|
| 11. OFFICERS AND DIRECTORS | |
| TITLE | P |
| NAME | GREENBERG, ANDREW |
| STREET ADDRESS | 6785 NORTH GRANDE DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33433 |
| TITLE | VP |
| NAME | BERLAND, FRANK |
| STREET ADDRESS | 4260 NW 64TH DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | TS |
| NAME | REEVES, FRANK |
| STREET ADDRESS | 4260 NW 64TH DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|--|
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/01 (56)392-3667

CR2E034 (10/00)