

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90072 012 \*\*\*150.00

**DOCUMENT # P99000069274**

1. Entity Name  
**SLEGAB, INC.**

Principal Place of Business SONOMA LAKE BOULEVARD BOCA RATON FL 33434	Mailing Address 8839 SONOMA LAKE BOULEVARD BOCA RATON FL 33434-4070
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80026589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 61-0942867	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RITTER, GREGORY J ESQ.**  
**7000 WEST PALMETTO PARK ROAD**  
**SUITE 400**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

ii. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>D</b> SCHILDKRAUT, BRUCE 8839 SONOMA LAKE BOULEVARD BOCA RATON FL 33434	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	

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: *Bruce Schildkraut* **Bruce Schildkraut** 2/14/00 969 4806900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)