FILED

Date

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # P99000111920 **Secretary of State** DONCHIN FAMILY HOLDING CORP. 03-21-2001 90030 014 ***150.00 Principal Place of Business Mailing Address 22603 CAMINO DEL MR #1210 22603 CAMINO DEL MR #1210 BOCA RATON FL 33433 **BOCA RATON FL 33433** C0036037 2. Principal Place of Business 3. Mailing Address 22601 CAMINO DEL MAR #2123 22601 CAMINO DEL MAR #2123 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-3593037 BOCA RATON, BOCA RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33433 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DON'CHIN L(127----DONCHIN: LILY Street Address (P.O. Box Number is Not Acceptable) 22603 CAMINO DEL MR #1210 CAMINO DEL MAR **BOCA RATON FL 33433** City Zip Code FL BOCA RATON 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Delete ☐ Change Addition NAME NAME LILY STAM BOUSKY DONCHIN 23601 CAMINO DEL MAR # 2123 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA LATON, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE STREET ADDRESS 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.