Amended

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500111

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2701, Inc.



03 NOV -7 AM 8:00

Daytime Phone #

DO NOT WRITE IN THIS SPACE										
				FAL	<b>2</b> 5 (1)					
Principal Place of Business     3. Mailing Address					i Santa Maria James II		٠		_	
2295 Corporate Blvd. N.W.			2295 Corporate Blvd., N.W.						,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPAC	$^{\mathrm{E}}$ $mO$	
Suite 222			City & State			4 FF	4. FEI Number Applied For			
Boca Raton FL			Bora Raton, FL				5-0215043		Not Applicable	
7ip 22U	121	Country USA	33431	Coun	s'A	5. Ce	rtificate of Status Desired		75 Additional Required	
0410 55 56 62					<del></del>	7. Name and Address of Current Registered Agent				
AND THE SECOND S					Name Norton Herrick					
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					aa95 Corporate (SIVO:, NW					
Experience of the party of the second					= 2016 393					
		Section of the second	Charles per part		City POCG	8	aton	FL   2	in 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. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Lanuary (1: May 1: Fee is \$150.00										
	After May 1: F	ee is \$550.00		•			9. Election Campaign Financing	_	\$5.00 May Be	
Make Chec	Amended U k Payable to Fl	BR is \$61.25 Iorida Department of .	State				Trust Fund Contribution.	L	Added to Fees	
10.	1_1_	OFFICERS AND D	DIRECTORS	(mar)				gerinil e g	* * * * * * * * * * * * * * * * * * * *	
TITLE	VISIT	Marrick		NAM		19.4	a rédució de mercio		The last read of	
NAME STREET ADDRESS	Norton Herrick STREET ADDRESS 2995 Corporate Blvd., N.W., Swite 200				ET ADDRESS					
CITY-ST-ZIP	Boca Rati	on, FL 334	31		ST-ZIP		Principal State (Principal St.)			
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NAME	Howard	Herricae Lake Ave., Suit	e. 370	HALF	Turbica con la casa de la casa		30002402	77		
STREET ADDRESS CITY-ST-ZIP		O TU 21100			STREET ADDRESS CITY-ST-ZIP		30002402 0/23/03-01061	)12;     }	<b>#</b> 306,25	
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NAME	michael	Herrick, sui-	10 370	HAM	4 75 194 2 7		e and a first contract of	ide de	PERMIT	
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mμ	D-			ETITE	La variable La Contraction	n ag sa da Baran Sa da Sa		e Tund Policies (City of		
NAME	Evan Hei	crick a sui	44 300	NAME			IN THIS SP	ALE		
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CITY-ST-ZIP	Cean IU	nolls, NJ 07	73/	Europe Strafe	ST-ZIP		HERT PRESENTED	Application and		
title Name	Elaune	Herrick ,		NAME			Continue de la contin			
STREET ADDRESS	400 , ZE	540 Ave, P	HHOY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TADDRESS .				rokowa (balawa)	
CITY-ST-ZIP	Boca Ro	HON FL 3	3432	CITY:	SI-ZIP					
TITLE NAME	Klisan k	Permalli .		TITLE						
STREET ADDRESS	a eidad	ale Ave Sw	te 370	NAME STREE	TADDRESS					
CITY-ST-ZIP	Cedo	Choils NJ	0792)	N 10 100 100	SI-ZIF S				4.5 6 5 5 6 6	
12. I hereby	certify that the inf	formation supplied with t	his filing does not qualify for	the exen	nption stated in Sect	tion 119	.07(3)(i), Florida Statutes. I furthe	r certify tha	at 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.										