

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90191 016 \*\*\*150.00

**DOCUMENT # S09588**

**1. Entity Name**  
**SIEMENS GROUP, INC.**



**Principal Place of Business**  
**4800 N. FEDERAL HIGHWAY**  
**STE 202 E**  
**BOCA RATON FL 33431**  
**US**

**Mailing Address**  
**4800 N. FEDERAL HIGHWAY**  
**STE 202 E**  
**BOCA RATON FL 33431**  
**US**

**2. Principal Place of Business**  
**5801 N. CONGRESS**

**3. Mailing Address**  
**5801 N. CONGRESS**

**Suite, Apt. #, etc.**  
**STE 205**

**Suite, Apt. #, etc.**  
**STE 205**

**City & State**  
**BOCA RATON FL**

**City & State**  
**BOCA RATON FL**

**Zip**  
**33487**

**Country**  
**USA**

**Zip**  
**33487**

**Country**  
**USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0229239**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEMENS, RICHARD**  
**880 NE 33RD STREET**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

**Name** **SIEMENS, RICHARD**

**Street Address (P.O. Box Number is Not Acceptable)**  
**5801 N. CONGRESS**

**SUITE 205**

**City** **BOCA RATON** **FL** **Zip Code** **33487**

**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**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **SIEMENS, RICHARD**  
**STREET ADDRESS** **880 NE 33RD STREET**  
**CITY-ST-ZIP** **BOCA RATON FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **SIEMENS, RICHARD**  
**STREET ADDRESS** **5801 N. CONGRESS**  
**CITY-ST-ZIP** **BOCA RATON FL 33487**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**Richard Siemens**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/21/03**  
**Date**

**561-362-9205**  
**Daytime Phone #**

CR2E034 (10/02)