## **2001 UNIFORM BUSINESS REPORT (UBR)** May 07, 2001 8:00 am Secretary of State **DOCUMENT # \$61261** 1. Entity Name 21ST CENTURY INVESTMENTS, INC. 05-07-2001 90015 008 \*\*\*150.00 Principal Place of Business Mailing Address 900 N. FEDERAL HWY. 900 N. FEDERAL HWY. SUITE 410 SUITE 410 **BOCA RATON FL 33432 BOCA RATON FL 33432** US US 2. Principal Place of Business 3. Mailing Address PONBING 401 Whiten Blod 40, 0)Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE >4/4 300 City & State Applied For City & State 4. FEI Number 65-0345307 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ke noet( BROWN, KENNETH\_ 900 N. FEDERAL HWY 410 300 **BOCA RATON FL 33432** 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete NAME BROWN, KENNETH W NAME STREET ADDRESS STREET ADDRESS 900 N FEDERAL HWY STE 410 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing floes 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 true true empowered by 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date