

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90305 005 \*\*\*150.00

**DOCUMENT # V25642**  
 1. Entity Name  
**FIRST BOCA ACREAGE, INC.**

Principal Place of Business <b>40 S.E. 5TH ST.          SUITE 501          BOCA RATON FL 33432          US</b>	Mailing Address <b>40 SE 5TH ST.          SUITE 501          BOCA RATON FL 33432-6003          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0335746</b>	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  
**ROBBINS, BRUCE  
 40 SE 5TH ST.  
 SUITE 501  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip 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.

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

11. OFFICERS AND DIRECTORS	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete
NAME <b>ROBBINS, BRUCE</b>	
STREET ADDRESS <b>40 SE 5TH ST.</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>ROBBINS, BARBARA</b>	
STREET ADDRESS <b>40 SE 5 STREET</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GOLDSTEIN, JOEL</b>	
STREET ADDRESS <b>370 LEXINGTON AVE.</b>	
CITY-ST-ZIP <b>NEW YORK NE</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 or other like empowered.

SIGNATURE *Bruce M. Robbins - Pres.* **BRUCE M. ROBBINS** **4-27-00** **561-391-2505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)