

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90102 046 ***150.00

DOCUMENT # V25727

1. Entity Name
BOCA RATON PROPERTY, INC.

Principal Place of Business 5825 NW 42 WAY BOCA RATON FL 33496 US	Mailing Address 3195 N. POWERLINE RD SUITE 104 POMPANO BEACH FL 33069-1052 US
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2. Principal Place of Business <i>5882 NW 23rd Way</i>	3. Mailing Address <i>1475 W Cypress Creek RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>#202</i>



DO NOT WRITE IN THIS SPACE

City & State <i>BOCA RATON FL</i>	City & State <i>FT LAUDERDALE FL</i>	4. FEI Number 65-0405799	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <i>33496</i>	Country	Zip 33309	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRENNER, SCOTT F 3195 N POWERLINE RD SUITE 104 POMPANO BEACH FL 33069		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, JAMES 5825 NW 42 WAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5882 N.W. 23 WAY BOCA RATON FL.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHROEDER, ANDERS U 22 HESTER RD LONDON EN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, KRISTINE 5825 N.W. 42 WAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5882 N.W. 23 WAY BOCA RATON, FL.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **REQUIRED** Date: *9/25/00* Daytime Phone # _____

CR2E034 (9/99)