

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90067 028 ****61.25

DOCUMENT # 715537

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 1, INC.

Principal Place of Business

Mailing Address

**5701 NW 2ND AVE.
 BOCA RATON FL 33487**

**5701 NW 2ND AVE.
 BOCA RATON FL 33487**

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

59-1280855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERUBE, MAURILE
 5701 NW 2ND AVE.
 BOCA RATON FL 33487**

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: *Maurile Berube* **MAURILE BERUBE** 1-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERUBE, MAURILE	
STREET ADDRESS	5701 NW 2ND AVE., STE 206	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SASSONO, RICHARD	
STREET ADDRESS	5701 NW 2ND AVE., #209	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALMARINI, ANTHONY	
STREET ADDRESS	9TH STREET, BOX 7	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUCERINO, TONY	
STREET ADDRESS	1409 N. 32ND AVE.	
CITY-ST-ZIP	MELROSE PARK IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHAIL, NORMAN	
STREET ADDRESS	5701 NW 2ND AVE., #113	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	BUCHERT, BARBARA	
STREET ADDRESS	5701 N.W. 2ND AVENUE, #309	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER BERUBE	
STREET ADDRESS	5701 NW 2ND AVE., #210	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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		

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 617, 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: *Maurile Berube* **MAURILE BERUBE** 1-9-01 954-255-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)