

FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90676 007 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1280855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

4/3/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 Delete
NAME **PD BERUBE, MAURILE**
STREET ADDRESS **5701 NW 2ND AVE., STE 208**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BERUBE, ROGER**
STREET ADDRESS **5701 NW 2ND AVE #210**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GALMARINI, ANTHONY**
STREET ADDRESS **9TH STREET, BOX 7**
CITY-ST-ZIP **PITTSBURG PA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MUCERINO, TONY**
STREET ADDRESS **1409 N. 32ND AVE.**
CITY-ST-ZIP **MELROSE PARK IL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MCPHAIL, NORMAN**
STREET ADDRESS **5701 NW 2ND AVE., #113**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SDT BUCHERT, BARBARA**
STREET ADDRESS **5701 N.W. 2ND AVENUE, #309**
CITY-ST-ZIP **BOCA RATON FL**

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 President
DATE DAYTIME PHONE #

CR2E037 (9/01)