

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721677

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 4, INC.

Principal Place of Business

Mailing Address

6161 NW 2ND AVE
BOCA RATON FL 33487

6161 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

59-1406299

Applied For

Not Applicable

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

PRIME MANAGEMENT
6800 PARK OF COMMERCE BLVD
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

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	P	NAME	LAZZARO, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6161 NW 2ND AVE			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	T	NAME	AINSPAN, ABE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6161 NW 2ND AVE			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	2VP	NAME	SUKOFF, PEGGY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5961 NW 2ND AVENUE			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	S	NAME	CARTER, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	6161 NW 2ND AVE			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	D	NAME	BRODY, MARSHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6161 NW 2ND AVE			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	D	NAME	NOLISH, ESTHER	<input type="checkbox"/> Delete
STREET ADDRESS	5961 NW 2ND AVE			
CITY-ST-ZIP	BOCA RATON FL			

TITLE	P	NAME	PEGGY SUKOFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5961 NW 2ND AVE # 507			
CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	T	NAME	ZACH EPHRAIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6161 NW 2ND AVE # PH1			
CITY-ST-ZIP	BOCA RATON, FL 33487			
TITLE	VP	NAME	ABE AINSPAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6161 NW 2ND AVE # PH 4			
CITY-ST-ZIP	BOCA RATON, FL 33487			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	S	NAME	JOE CEGLIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6161 NW 2ND AVE # 515			
CITY-ST-ZIP	BOCA RATON, FL 33487			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Abraham Ainspan, VP 04/02/02

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90439 027 ****61.25

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DO NOT WRITE IN THIS SPACE

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