

2001 UNIFORM BUSINESS REPORT (UBR)

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

0051853

DOCUMENT # 723984

1. Entity Name

BOCA PALMS, INC.

03-29-2001 90367 003 ****61.25

Principal Place of Business Mailing Address
290 W. PALMETTO PARK ROAD **290 W. PALMETTO PARK ROAD**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

638498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1511931		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HARTMAN, HAZEL A. 290 WEST PALMETTO PARK ROAD BOCA RATON FL 33432				Name Beverley A. Fraser			
				Street Address (P.O. Box Number is Not Acceptable) 290 West Palmetto Park Road E 406			
				City Boca Raton, Florida 33432			
				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 *Beverley A. Fraser* DATE *March 26/2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP ROONEY, CHRIS 66 GENTHORN AVE REXDALE ONTARIO CA	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hoeve, Bruce Apt.212 290 West Palmetto Pk.Rd. Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETAS, MARIA 290 WEST PALMETTO PARK RD #306 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Nick Kopsian Apt.106, 290 West Palmetto Pk.Rd. Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOOHER, DEBORAH 290 W. PALMETTO PK RD #306 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anne Lavin Apt.504, 290 West Palmetto Pk.Rd. Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTMAN, HAZEL 290 W PALMETTO PARK RD 509 BOCA RATON FL	<input checked="" type="checkbox"/> Delete <i>Change</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Beverley A. Fraser Box 2A-9, RR#1, 153 Scotts Branch Rd East Dover, Nova Scotia Canada B0J 1A0	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, J P 290 WEST PALMETTO PARK ROAD #310 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mike McCarthy 4 Potawatami Trail No.1 Indian Head Park, Illinois 60525	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPES-MORENO, MARILZA 290 WEST PALMETTO PARK ROAD #412 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lillian Robinson Apt.114, 290 West Palmetto Pk.Rd. Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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 607, 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: *Beverley A. Fraser* DATE *March 26/2001*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF-5037 (10/00)