

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90134 017 \*\*\*\*61.25

003 - 3

**DOCUMENT # 728492**

1. Entity Name

**BOCA TEECA CONDOMINIUM NO. 6, INC.**

Principal Place of Business

Mailing Address

6699 N.W. 2ND AVENUE  
 BOCA RATON FL 33487

6699 N.W. 2ND AVENUE  
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1473556**

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

**SOTO, JOSIE E**  
**6699 NW 2 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

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  
 NAME: JANOWITZ, JULIAN *Julius*  Delete  
 STREET ADDRESS: 6699 NW 2ND AVE  
 CITY-ST-ZIP: BOCA RATON FL 33431

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VPD  
 NAME: BRUCE, GERALD  Delete  
 STREET ADDRESS: 250 NW 67 ST  
 CITY-ST-ZIP: BOCA RATON FL 33431

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: DT  
 NAME: STEIN, SAUL  Delete  
 STREET ADDRESS: 250 NW 67TH ST  
 CITY-ST-ZIP: BOCA RATON FL 33431

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: DD  
 NAME: REDMOND, PATRICIA  Delete  
 STREET ADDRESS: 6699 NW 2ND AVE  
 CITY-ST-ZIP: BOCA RATON FL 33431

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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 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:

*Julius Janowitz*  
**FILED**

CR2E037 (9/01)