

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90008 007 \*\*\*\*61.25

**DOCUMENT #** 756044

**1. Entity Name**

Boca Teeca Condominium No. 10, Inc.

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

5240 NW 2nd Avenue

Suite, Apt. #, etc.

**3. Mailing Address**

5240 NW 2nd Avenue

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Boca Raton, FL

**4. FEI Number**

59-2261906

**Applied For**

Not Applicable

**Zip**  
33487

**Country**  
US

**Zip**  
33487

**Country**  
US

**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**

Steelman, J.B.

5240 N.W. 2nd Avenue

Boca Raton, FL 33487

**Name** Hilda Teitelbaum

**Street Address (P.O. Box Number is Not Acceptable)**

5340 N.W. 2nd Avenue #120

**City**

Boca Raton

**FL**

**Zip Code**

33487

**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**

*Hilda Teitelbaum President*

*April 27, 2001*

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 ☐ Delete  
**NAME** Teitelbaum, Hilda  
**STREET ADDRESS** 5340 N.W. 2nd Ave., #120  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** S ☐ Delete  
**NAME** Cotopolis, Artemis  
**STREET ADDRESS** 5280 N.W. 2nd Ave., #214  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** VP ☐ Delete  
**NAME** Friedman, Sallie  
**STREET ADDRESS** 5260 N.W. 2nd Ave., #501  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** D ☐ Delete  
**NAME** Rubin, Marion  
**STREET ADDRESS** 5340 N.W. 2nd Ave., #124  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** DVP ☒ Delete  
**NAME** Abbott, Frank  
**STREET ADDRESS** 5280 N.W. 2nd Ave., #416  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** D ☒ Delete  
**NAME** Krevat, Arnold  
**STREET ADDRESS** 5260 N.W. 2nd Ave., #307  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☒ Change ☐ Addition  
**NAME** Cotopolis, Artemis  
**STREET ADDRESS** 5280 N.W. 2nd Ave., #214  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** SD ☐ Change ☒ Addition  
**NAME** Jeanetta Hall  
**STREET ADDRESS** 5280 N.W. 2nd Ave., #211  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** TD ☐ Change ☒ Addition  
**NAME** Robert Renzi  
**STREET ADDRESS** 5280 N.W. 2nd Ave., #312  
**CITY-ST-ZIP** Boca Raton, FL 33487

**TITLE** D ☐ Change ☒ Addition  
**NAME** Helen Stillman  
**STREET ADDRESS** 5340 N.W. 2nd Ave., #130  
**CITY-ST-ZIP** Boca Raton, FL 33487

**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:**

*Hilda Teitelbaum President*

**April 26, 2001 561-241-1732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/00)