

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27890

1. Entity Name
BOCA PIER ASSOCIATES, LTD.



FILED
03 FEB 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA **MJH**

Principal Place of Business 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434	Mailing Address 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434
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2. Principal Place of Business 3. Mailing Address

Handwritten initials

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0102206**

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

**SCHMIER, ROBERT J
7777 GLADES ROAD
SUITE 310
BOCA RATON FL 33434**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000110234	STREET ADDRESS	
NAME	BOCA PIER ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, S-310		
CITY-ST-ZIP	BOCA RATON FL		300013099693
DOCUMENT #		STREET ADDRESS	02/26/03--01010--006 **150.00
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee, empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Handwritten date
2/20/03

Date Daytime Phone #

STAPLE CHECK HERE