

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000088596

1. Entity Name
BOCA ACADEMY, INC.



Principal Place of Business
22354 S.W. 57TH AVE.
BOCA RATON, FL 33433

Mailing Address
22354 S.W. 57TH AVE.
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0546514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASTOR, LIONEL
22354 S.W. 57TH AVE.
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ASTOR, PATRICIA
22354 SW 57 AVE
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ASTOR, LIONEL
22354 SW 57 AVE
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MEINBERG, MARK
280 PLANDOME RD
MANHASSET, NY 11030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUTTERMAN, MARK
280 PLANDOME RD
MANHASSET, NY 11030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FELDMAN, BURTON
280 PLANDOME RD
MANHASSET, NY 11030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000162967
07/01/04-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #