

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/26/00-90149-024-\$150.00-\$150.00

**DOCUMENT # P99000053460**

1. Entity Name

**BOCA AIRPORT HOTEL CORPORATION**

**FILED**

**00 AUG 14 AM 8:12**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business <b>SABAL RIDGE 750 S OCEAN BLVD. PENTHOUSE NORTH BOCA RATON FL 33432</b>	Mailing Address <b>SABAL RIDGE 750 S OCEAN BLVD. PENTHOUSE NORTH BOCA RATON FL 33432-6360</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>52-2185385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE <b>Director/President</b> <input type="checkbox"/> Delete	NAME <b>Ivan Kaplan</b>
STREET ADDRESS <b>750 S. Ocean Blvd., Penthouse North</b>	CITY-ST-ZIP <b>Boca Raton, FL 33432</b>
TITLE <b>Director/Vice Pres.</b> <input type="checkbox"/> Delete	NAME <b>Michael V. Harrell</b>
STREET ADDRESS <b>10370 Richmond Ave., #150</b>	CITY-ST-ZIP <b>Houston, TX 77042</b>
TITLE <b>Secretary/Treasurer</b> <input type="checkbox"/> Delete	NAME <b>Kathie Long</b>
STREET ADDRESS <b>10370 Richmond Ave., #150</b>	CITY-ST-ZIP <b>Houston, TX 77042</b>
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathie Long Secretary **4/20/00** **(713) 267-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR 1 (04/00)

**KE**