

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768279

1. Entity Name

BOCA COMMERCE CENTER ASSOCIATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 040 ****61.25

950310

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2 S. Biscayne Blvd.
One Biscayne Tower-Ste 3400
Miami, FL 33131-1897

Mailing Address
2 S. Biscayne Blvd.
One Biscayne Tower-Ste 3400
Miami, FL 33131-1897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0345983

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

Kriss, Ronald A.
2 S. Biscayne Blvd.
One Biscayne Tower, Suite 3400
Miami, Florida 33131-1897

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS Colaiacovo, Patricia J. 1815 Griffin Road, Ste 103 Dania, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD Cadmus, Richard 730 3rd Avenue, 7th Floor New York, NY 10017	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cadmus, Richard 730 3rd Avenue, 7th Floor New York, NY 10017	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF St. Clair, Harry 730 3rd Avenue, 7th Floor New York, NY 10017	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P St. Clair, Harry 730 3rd Avenue, 7th Floor New York, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S/T Doumenis, Connie 100 N.E. 3rd Avenue, Ste 858 Ft. Lauderdale, Florida 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS/AT/D Hill, Laura 100 N.E. 3rd Avenue, Ste 858 Ft. Lauderdale, Florida 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Connie Doumenis
Connie Doumenis

3-30-00 954-523-4801

CR2E037 (9/99)