

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90575 008 ****61.25

DOCUMENT # 768279

1. Entity Name

BOCA COMMERCE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2 S. BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131-1897

2 S. BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131-1897

2. Principal Place of Business

3. Mailing Address

2200 West Glades Road

2200 West Glades Road

Suite, Apt. #, etc.
 Suite 1204

Suite, Apt. #, etc.
 Suite 1204

City & State
 Boca Raton, FL 33431

City & State
 Boca Raton, FL 33431

4. FEI Number
 65-0345983

Applied For

Not Applicable

Zip Country
 USA

Zip Country
 USA

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 FL 33131-1897

Name
 KRISS, RONALD A.
 Street Address (P.O. Box Number is Not Acceptable)
 One S.E. Third Avenue
 28th Floor
 City Miami, FL Zip Code 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/01

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 NAME STREET ADDRESS CITY-ST-ZIP	AT HILL, LAURA 100 NE 3RD AVE STE 858 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ST. CLAIR, HARRY 730 3RD AVENUE, 7TH FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DOUMENIS, CONNIE 100 NE 3RD AVE STE 858 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD HILL, LAURA 100 NE 3RD AVE STE 858 FORT LAUDERDALE FL 33301	<input 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	AT HILL, LAURA 730 Third Avenue, 7th Floor New York, NY 10017	<input checked="" 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	DVST RUBINS, JONATHAN D. 2200 West Glades Road, Suite 1204 Boca Raton, Florida 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD HILL, LAURA 730 Third Avenue, 7th Floor New York, NY 10017	<input checked="" 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]
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

861-391-7650

Daytime Phone #

CR2E037 (10/00)