

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N41170**

1. Entity Name

BOCA BALLET THEATRE COMPANY**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90083 007 ****61.25

Principal Place of Business

**5620-B N FEDERAL HWY
BOCA RATON FL 33487
US**

Mailing Address

**5620B N FEDERAL HWY
BOCA RATON FL 33487
US**

L0040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0238234

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

**BAGDASARIAN, RICHARD C ESQ.
1800 CORPORATE BLVD. N.W.
SUITE 302
BOCA RATON FL 33431**

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

**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	D	<input type="checkbox"/> Delete
NAME	BAGDASARIAN, RICHARD C	
STREET ADDRESS	1800 CORPORATE BLVD. N.W.	
CITY-ST-ZIP	BOCA RATON FL 33431	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, SETON	
STREET ADDRESS	1398 S.W. 19TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33486	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARMOR, SETH	
STREET ADDRESS	100 WEST CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Wagner	
STREET ADDRESS	980 N Federal Hwy. #301	
CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	TVPD	<input type="checkbox"/> Delete
NAME	BECK, SUSAN	
STREET ADDRESS	4325 NW 24TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33431	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUDLEY, ELIZABETH	
STREET ADDRESS	238 S. SILVER PALM RD.	
CITY-ST-ZIP	BOCA RATON FL 33498	

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, KAARIN	
STREET ADDRESS	2900 N.W. 25TH TERR.	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Bromson	
STREET ADDRESS	903 Meadows Rd #304	
CITY-ST-ZIP	Boca Raton, FL 33486	

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: *x Susan Beck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2-26-01 561-995-0709

Date

Daytime Phone #

CR2E037 (10/00)