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SECRETARY OF STATE TALL'AHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPOR縣 (UBR)

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DOCUMENT #	A0100000700	-15

BOCA INDUSTRIAL PARK, LTD.

Principal Place of Business C/O MARK S. FELUREN

Mailing Address

C/O JAMIE A. DANBURG

100: S.E.=THIRD AVENUE SUITE-1500 2700 WEST-CYPRESS-CREEK-ROAD, SUITE-D-110 'FT: LAUDERDALE FL- 33394 FT-LAUDERDALE-FL-33309 2. Principal Place of Business 3. Mailing Address 7700 Congress 7700 Congress Suite, Apt. #, etc. Suite, Apt. #, etc. 3100 3100 City & State Refon **DUE BY MAY 1, 2002** City & State 4. FEI Number 65 - 1109033 Applied For Not Applicable Country Country \$8.75 Additional US A 33487 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELUREN, MARK S Street Address (P.O. Box Number is Not Acceptable)
2200 North Commerce P -100-S:E.-THIRD-AVENUE-SUITE-1500 FT=LAUDERDALE-FL-33309-8. 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. ARK S. FELUREN SIGNATURE ne of registered agent and title if ar 9. Capital Contributions \$10,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY F01000003429 DOCUMENT # NAME STREET ADDRESS **BOCA INDUSTRIAL, INC.** -2700-W.-CYPRESS CREEK-RD., SUITE-D-110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT-LAUDERDALE-FL 33309 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 100005450491 DOCUMENT # NAME -STREET ADDRESS ****158..75 ****158.75~ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME 🎍 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empoyered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

E STAMICA DANBURG- 4-23-02 561-997-5777

(9/01) CR2E003