

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90026 009 \*\*\*\*61.25

**DOCUMENT # 768279**

1. Entity Name

**BOCA COMMERCE CENTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2200 WEST-GLADES-ROAD  
 SUITE 1204  
 BOCA RATON-FL-33431  
 US

2200-WEST-GLADES-ROAD-  
 SUITE-1204  
 BOCA-RATON-FL-33431  
 US

2. Principal Place of Business

7700 Congress Ave  
 Suite, Apt. #, etc.  
 #3100

3. Mailing Address

7700 Congress Ave  
 Suite, Apt. #, etc.  
 #3100

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0345983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KRISS, RONALD A-  
 ONE SE-THIRD AVE-  
 28TH-FLOOR  
 MIAMI-FL-33131-1897

7. Name and Address of New Registered Agent

Name **Mark Feluren**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2200 N. Commerce Hwy  
 Suite #202  
 City **Weston** **FL** Zip Code **33326**

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

TITLE **AT-** ☒ Delete  
 NAME **HILL, LAURA**  
 STREET ADDRESS **730-THIRD AVENUE, 7TH-FLOOR**  
 CITY-ST-ZIP **NEW-YORK-NY-10017**

TITLE **DP** ☒ Delete  
 NAME **ST-GLAIR, HARRY**  
 STREET ADDRESS **730-3RD AVENUE, 7TH-FLOOR**  
 CITY-ST-ZIP **NEW-YORK-NY-10017**

TITLE **DVST** ☒ Delete  
 NAME **RUBINS, JONATHAN D**  
 STREET ADDRESS **2200 W-GLADES-ROAD, SUITE-1204**  
 CITY-ST-ZIP **BOCA-RATON-FL-33431**

TITLE **VASD** ☒ Delete  
 NAME **HILL, LAURA**  
 STREET ADDRESS **730-THIRD AVENUE, 7TH-FLOOR**  
 CITY-ST-ZIP **NEW-YORK-NY-10017**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director + President** ☐ Change ☒ Addition  
 NAME **Jonie A Oenburg**  
 STREET ADDRESS **7700 Congress Ave - #3100**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Director + Vice President** ☐ Change ☒ Addition  
 NAME **Ken Silberling**  
 STREET ADDRESS **7700 Congress Ave - #3100**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Director + Treasurer** ☐ Change ☒ Addition  
 NAME **Karen Wildstein**  
 STREET ADDRESS **7700 Congress Ave - #3100**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Gina Costigliola**  
 STREET ADDRESS **7700 Congress Ave - #3100**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 which is otherwise empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jonie A Oenburg** **4-23-02**

Date

Daytime Phone #

**561-997-5777**

CR2E037 (9/01)