

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90125 030 ****61.25

DOCUMENT # 716093

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 2, INC.

Principal Place of Business

Mailing Address

5401/5501 NW 2ND AVE.
 BOCA RATON FL 33487

5401/5501 NW 2ND AVE.
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1281957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOFFO, DOLORES
5401 NW 2ND AVE #125
BOCA RATON FL 33487

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 _____ DATE _____

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	DT	<input type="checkbox"/> Delete
NAME	DIFINI, JOSEPH	
STREET ADDRESS	5501 NW 2ND AVE #307	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DM	<input type="checkbox"/> Delete
NAME	TUNIS, RICHARD	
STREET ADDRESS	5401 NW 2ND AVE # 226	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOFFO MICHAEL H	
STREET ADDRESS	5401 NW 2ND AVE #125	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOFFO DOLORES	
STREET ADDRESS	5401 NW 2ND AVE #125	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SKOWRON, DELPHINE	
STREET ADDRESS	5401 NW 2ND AVE #320	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	HUNTER, GEORGE	
STREET ADDRESS	5401 NW 2ND AVE #316	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Dolores M. Moffo **DOLORES M. MOFFO** 4/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)