

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751066

1. Entity Name

BOCA BEL AIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

701 N.W. 13TH STREET, APT. B-1
BOCA RATON FL 33486-2324

701 N.W. 13TH STREET, APT. B-1
BOCA RATON FL 33486-2363

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

59-2144801

Applied For

Not Applicable

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

KLASFELD, ILENE
701 N.W. 13TH STREET APT. B 1
BOCA RATON FL 33486

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KLASFELD, ILENE	701 NW 13TH ST	BOCA RATON FL				
VPD	KLASFELD, JOHN	701 NW 13TH ST	BOCA RATON FL				
SD	HARVEY, JON	APT.B1 1401 NW 7TH AVE.	BOCA RATON FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)