

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90107 020 ****61.25

DOCUMENT # 765951

1. Entity Name

BOCA RATON EXECUTIVE BUILDING CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

~~3885 ST. JAMES WAY
 BOCA RATON FL 33434-3376~~

~~3885 ST. JAMES WAY
 BOCA RATON FL 33434-3376~~

2. Principal Place of Business

3. Mailing Address

7300 North Federal

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

City & State
 Boca Raton FL

City & State

4. FEI Number

59-2212289

Applied For

Not Applicable

Zip
 33487

Country
 USA

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

~~CANTOR, SAMUEL J.
 3885 ST. JAMES WAY
 BOCA RATON FL 33434~~

Name Russell MAORIS
 Street Address (P.O. Box Number is Not Acceptable)
7300 North Federal Hwy
Ste 200
 City Boca Raton FL Zip Code 33487

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	PDT	<input checked="" type="checkbox"/> Delete
NAME	CANTOR, SAMUEL J.	
STREET ADDRESS	3885 ST. JAMES WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CANTOR, LOUIS S.	
STREET ADDRESS	7131 HIALEAH LANE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANTOR, LYNNE	
STREET ADDRESS	7131 HIALEAH LANE	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDT SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell MAORIS	
STREET ADDRESS	7300 North Federal	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOEL RABINOWITZ	
STREET ADDRESS	10 Hidden Oak Rd	
CITY-ST-ZIP	Armonk, NY 10504	
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
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: ~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

maur
 Date 4/4/00 Daytime Phone # 561 367 1188 x 0

CR2E037 (9/99)