

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32599

1. Entity Name

BOCA RATON GROUP, LTD.

FILED

00 JAN 14 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2000 S. SURF ROAD, #7A  
HOLLYWOOD FL 33019

Mailing Address

2000 S. SURF ROAD, #7A  
HOLLYWOOD FL 33019-3423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0315501

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

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

IMARINO, ARTHUR  
2001 S. SURF ROAD, #7A  
HOLLYWOOD FL 33019

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

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
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

DOCUMENT # 636684  
NAME ARTHUR IMARINO DEV CORP  
STREET ADDRESS 2001 S. SURF RD., #7A  
CITY - ST - ZIP HOLLYWOOD FL 33019

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/2000

Date

954-921-526

Daytime Phone #