

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002132**1. Entity Name
BOCA HEALTHSTYLES, LTD.**FILED**

03 APR 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
**2333 BRICKELL AVE., SUITE D-1
MIAMI FL 33129**Mailing Address
**2333 BRICKELL AVE., SUITE D-1
MIAMI FL 33129**

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 **65-0711117**

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

**DAVID, MARYANN Y ESQ
215 S.W. LEJEUNE ROAD
MIAMI FL 33134**

Name

Mary Ann Y. David Esq

Street Address (P.O. Box Number is Not Acceptable)

2333 Brickell Avenue**Suite D-1**

City

Miami**FL**

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.**\$5,346,000.00**10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # **P96000094985**
NAME **ROSECLIFF BOCA, INC.**
STREET ADDRESS **215 S.W. LEJEUNE ROAD**
CITY-ST-ZIP **MIAMI FL 33134**STREET ADDRESS **2333 Brickell Ave., Suite D-1**
CITY-ST-ZIP **Miami, Florida 33129**DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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04/28/03--01013--002 **526.25DOCUMENT #
NAME
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STREET ADDRESS

CITY-ST-ZIP

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 or 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**Clifford D. Rosen****4/22/03 (305) 859-4900**

Date

Daytime Phone #