2001 UNIFORM BUSINESS REPORT (UBR)

000719O AF

DOCUMENT # A98000001424

1. Entity Name

BOCA VILLAGE SQUARE, LTD.

FILED
01 MAY 30 PM 12:39
SECRETARY OF STATE

Principal Place of Business	Mailing Address
2401 PGA BOULEVARD. SUITE 280 PALM BEACH GARDENS FL 33410	2401 PGA BOULEVARD. SUITE 280 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 NE Miami Gardens Drive	1696 NE Miami Gardens Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: North Miami Beach, Florida	City & State: North Miami Beach, Florida
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. FEI Number: 65-0848597 ☐ 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 J. WIENER, ESQ. 2401 PGA BOULEVARD, SUITE 280 PALM BEACH GARDENS FL 33410	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)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990,000.00		

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000049396 BOCA VILLAGE SQUARE, INC. 2401 PGA BOULEVARD, SUITE 280 PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY-ST-ZIP	1696 NE Miami Gardens Drive, Suite 200 North Miami Beach, Florida 33179
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900004411949--2 -06/14/01--01043--026 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900004411949--2 -06/14/01--01043--027 ****437.50 ****437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (11/00)

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

Boca Village Square, Ltd.
By: Boca Village Square, Inc., Gen. Ptr.

SIGNATURE: By: SEE ATTACHED _____ 305-947-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #