

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010815 AT

DOCUMENT # **A98000001424**

1. Entity Name
BOCA VILLAGE SQUARE, LTD.



FILED

03 JUN 24 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1696 N.E. MIAMI GARDENS DRIVE, STE. 200
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1696 N.E. MIAMI GARDENS DRIVE, STE. 200
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0848597**

Applied For

Not Applicable

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

**MARCUS, ALAN J
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180**

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. 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

\$990,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE 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 # **P98000049396**
NAME **BOCA VILLAGE SQUARE, INC.**
STREET ADDRESS **1696 N.E. MIAMI GARDENS DRIVE, STE. 200**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

STREET ADDRESS

100018469541

CITY-ST-ZIP

05/24/03--01026--004 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

100018469541

CITY-ST-ZIP

05/08/03--01002--005 **437.50

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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

4-30-03

305 672-1234

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER
Doron Valero, President

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE