

# 2002 UNIFORM BUSINESS REPORT (UBR)

001273 AT

DOCUMENT # **A99000000326**

1. Entity Name

**B & C BOCA HOLDINGS LTD**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:20

|  |  |
|--|--|
| Principal Place of Business<br><b>2629 N.W. 64TH PLACE<br/>BOCA RATON FL 33496</b> | Mailing Address<br><b>2629 N.W. 64TH PLACE<br/>BOCA RATON FL 33496</b> |
|--|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|  |  |
|--|--|
| <b>DUE BY MAY 1, 2002</b>  |  |
| 4. FEI Number<br><b>65-0902850</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**HADDAD, CALVIN**  
**501 E. PALMETTO PARK RD.**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

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.

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$5,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**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 #<br><b>P99000018800</b>           | NAME<br><b>500 FIFTH HOLDINGS, INC</b> | STREET ADDRESS           |  |
| STREET ADDRESS<br><b>2629 NW 64TH PLACE</b> |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP<br><b>BOCA RATON FL 33496</b>   |  |                          |  |
| DOCUMENT #                                  | NAME                                   | STREET ADDRESS           |  |
| STREET ADDRESS                              |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                                 |  |                          |  |
| DOCUMENT #                                  | NAME                                   | STREET ADDRESS           |  |
| STREET ADDRESS                              |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                                 |  |                          |  |
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| CITY-ST-ZIP                                 |  |                          |  |
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| STREET ADDRESS                              |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                                 |  |                          |  |
| DOCUMENT #                                  | NAME                                   | STREET ADDRESS           |  |
| STREET ADDRESS                              |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                                 |  |                          |  |

**800004881478--6**  
**02/05/02 01090-006**  
**\*\*\*150.00 \*\*\*150.00**

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

SIGNATURE: *[Signature]* **1/25/02** **(561) 249-1302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)