2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 08:00 AM
Secretary of State

DOCUMENT # **G31703**

1. Entity Name
WHARFSIDE AT BOCA POINTE, INC.

Principal Place of Business	Mailing Address
6853 S.W. 18TH ST., SUITE M-110	200 E. LAS OLAS BLVD
	SUITE 100
BOCA RATON FL	FORT LAUDERDALE FL
33433	33301 US

2. Principal Place of Business	3. Mailing Address
200 E. LAS OLAS BLVD., SUITE 100	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State
Zip: 33301 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2314460** ☐ 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
FRANKEL, FRED	Name
6853 S.W. 18TH ST., SUITE M-110	Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL	City **FL** Zip Code
33433	

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 _____ **05/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANKEL, FRED 6853 S.W. 18TH #M-110 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Frankel PD 05/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #