

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G77454**

1. Entity Name

BOCA COMMERCE PARK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90160 019 ***150.00

Principal Place of Business

**3111 FORTUNE WAY
WAREHOUSE B-18
WEST PALM BEACH FL 33402-0018**

Mailing Address

**3111 FORTUNE WAY
WAREHOUSE B-18
WEST PALM BEACH FL 33414-8712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2365324

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

**WALLACE, MILTON J.
100 SE 2ND ST., 31ST FLOOR
MIAMI FL 33131**

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	WALLACE, MILTON J.	
STREET ADDRESS	330 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PERTNOY, RONALD	
STREET ADDRESS	3111 FORTUNE WAY B-18	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAPRIO, STEVEN	
STREET ADDRESS	3111 FORTUNE WAY B-18	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERTNOY, SIDNEY	
STREET ADDRESS	330 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven Shaprio

4/27/00

(561) 792-5852

CR2E034 (9/99)