

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90966 030 ***150.00

DOCUMENT # H00675

1. Entity Name

BOCA RATON INSTITUTE INC

Principal Place of Business

5499 N FEDERAL HWY STE A
BOCA RATON FL 33487

Mailing Address

5499 N FEDERAL HWY STE A
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2892827

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

Name

MARK GLUCKSON

Street Address (P.O. Box Number is Not Acceptable)

4521 NE 21 Ave #1

City

FT. LAUDERDALE

FL

Zip Code 33308

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 MARK GLUCKSON

Signature, typed or printed name of registered agent and title if applicable.

Mark Gluckson

(NOTE: Registered Agent signature required when reinstating)

4-21-01

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 PT
NAME GREGG, CONSTANCE M.
STREET ADDRESS 240 CAPTAINS WALK, #511
CITY-ST-ZIP DELRAY BCH FL

☒ Delete

TITLE PVT
NAME MARK GLUCKSON
STREET ADDRESS 4521 NE 21 Ave, #1
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

☒ Change ☒ Addition

TITLE VS
NAME GREGG, CYNTHIA L.
STREET ADDRESS 12457 79TH CT N
CITY-ST-ZIP WEST PALM BEACH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mark Gluckson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK GLUCKSON

4-21-01

Date

561 241-8105

Daytime Phone #

CP2E034 (10/00)