

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90026 003 \*\*\*150.00

**DOCUMENT # H21613**

1. Entity Name

**BOCA BIOMEDICAL, INC.**

Principal Place of Business

Mailing Address

POINT CYPRESS CT  
 RATON FL 33498

18806A POINT CYPRESS CT  
 BOCA RATON FL 33498-6344  
 US

00091548

2. Principal Place of Business

11211 So. Military TL

3. Mailing Address

11211 So. Military TL

Suite, Apt. #, etc.

Apt # 4822

Suite, Apt. #, etc.

Apt # 4822

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

59-2455677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES P.  
 18806 POINT CYPRESS COURT  
 BOCA RATON FL 33498

7. Name and Address of New Registered Agent

STEWART, JAMES P.

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

11211 So. Military TL, Apt 4822  
 Boynton Bch FL 33436

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

TITLE	VT	<input type="checkbox"/> Delete
NAME	STEWART, KATHLEEN M.	
STREET ADDRESS	18806 POINT CYPRESS CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, KATHLEEN M.	
STREET ADDRESS	18806 POINT CYPRESS CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, JAMES P.	
STREET ADDRESS	18806 POINT CYPRESS CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JAMES P.	
STREET ADDRESS	11211 So. Military TL Apt 4822	
CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JAMES P.	
STREET ADDRESS	11211 So. Military TL, Apt 4822	
CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JAMES P.	
STREET ADDRESS	11211 So. Military TL, Apt 4822	
CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

James P. Stewart 4/28/00 (561) 742 9962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)