

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H56213**

1. Entity Name  
**FIRST COMMERCIAL REALTY BOCA, INC.**



Principal Place of Business

**1400 N.W. 107 AVE  
MIAMI, FL 33172**

Mailing Address

**1400 N.W. 107 AVE  
MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2556851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEVY, JOEL  
1400 N.W. 107 AVE.  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000346962  
04/30/05-80097-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPCE
NAME	ADLER, MICHAEL M.
STREET ADDRESS	1400 N.W. 107 AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DEVA
NAME	LEVY JOEL
STREET ADDRESS	1400 N.W. 107 AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DST
NAME	ARRIZURIETA, LUIS
STREET ADDRESS	1400 N.W. 107 AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	AS
NAME	ADLER, LINDA K
STREET ADDRESS	1400 N.W. 107 AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	HEISLER, DANIEL
STREET ADDRESS	1400 NW 107 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

**Joel Levy  
Executive Vice President**

**4/18/05 (305) 392-4050**

Date

Daytime Phone #