

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90039 031 \*\*\*\*50.00

**DOCUMENT # L01000010139**

1. Entity Name

**BOCA PROPERTIES, L.L.C.**

Principal Place of Business

**7280 W. PALMETTO PARK ROAD, SUITE 106  
 BOCA RATON FL 33433**

Mailing Address

**7280 W. PALMETTO PARK ROAD, SUITE 106  
 BOCA RATON FL 33433**

2. Principal Place of Business

**2790 N. Federal Highway**

Suite, Apt. #, etc.

**Suite 400**

3. Mailing Address

**Same As 2**

Suite, Apt. #, etc.

City & State

**Boca Raton FL**

City & State

4. FEI Number

**65-1115792**

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

**33431-7784**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOGDANOFF, RICHARD M**

**7280 W. PALMETTO PARK ROAD, SUITE 106  
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

**2790 N. Federal Highway**

**Suite 400**

City

**Boca Raton**

**FL**

Zip Code

**33431**

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

*Richard M. Bogdanoff*  
 Signature, typed or printed name of registered agent and title if applicable.

**RICHARD M BOGDANOFF**

(NOTE: Registered Agent signature required when reinstating)

**2/24/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOGDANOFF, RICHARD M 7280 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STARK, BARRY S 7280 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2790 N Federal Highway Suite 400 Boca Raton FL 33431-7784</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2790 N. Federal Highway Suite 400 Boca Raton FL 33431-7784</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Richard M. Bogdanoff*  
 Signature and typed or printed name of signing managing member, manager, or authorized representative

**RICHARD M BOGDANOFF**

**2/24/02**

Date

Daytime Phone #

CR2E083 (9/01)