

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26364

1. Entity Name

BOCA IMPORT-EXPORT, INC.

Principal Place of Business

% RICHARD A. MURDOCH
980 N. FEDERAL HIGHWAY, SUITE 410
FT LAUDERDALE FL 33432
US

Mailing Address

PO BOX 21066
FT LAUDERDALE FL 33335-1066
US

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

65-0171820

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURDOCH, RICHARD A
C/O DICKENSON, MURDOCH, REX AND SLOAN
980 N. FEDERAL HWY., #410
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

TITLE PD
NAME JOSEPHS, TEWFICK S
STREET ADDRESS 4355 N.W. 64 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE DST
NAME IMBER, SONJIA
STREET ADDRESS 6422 N.W. 43 STREET
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE D
NAME GIANNAKOS, KRISTINE
STREET ADDRESS 951 DESOTO RD., APT. 510
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE D
NAME PHILLIPS, GRAHAM J
STREET ADDRESS 2 GOALER'S MEWS
CITY-ST-ZIP GASTOWN, VANCOUVER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

01/06/00

Date

(952) 524-1991

Daytime Phone #