

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90108 036 ***150.00

0505494

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
 US

906711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0171820**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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

1/17/01 **(954) 524-1991**
 Date Daytime Phone #

CR2E034 (10/00)