## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # N14511** 1. Entity Name **BOCA OFFICE AND WAREHOUSE PARK CORPORATION** 04-21-2000 90163 012 \*\*\*\*61 25 Principal Place of Business Mailing Address 6401 EAST ROGERS CIRCLE 6401 E ROGERS CIRCLE SUITE #17 **BOCA RATON FL 33487** BOCA RATON FL 33487-2648 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2724142 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) PINE. JERRY 6401 E. ROGERS CIRCLE SUITE #17 City Zip Code **BOCA RATON FL 33487** 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITI F PTO Change : ☐ Addition TITLE ☐ Delete NAME Pine, Jerry NAME Pine, Jerry 6401 E Royer Cir # 17 STREET ADDRESS STREET ADDRESS 6401 E. ROGERS CIR #17 Boca Raton FL 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE STD Delete TITLE DOXEY, JOANN NAMÉ NAME STREET ADDRESS 5350 10TH AVE NORTH #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change **VD** ☐ Delete TITLE ☐ Addition TITLE NAME NAME SCHWATZ, PAUL STREET ADDRESS STREET ADDRESS 175 5TH AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10010** Change ☐ Addition TITLE Delete TITLE Hill, David NAME NAME HILL, DAVID 6411 E Rogers Cir STREET ADDRESS STREET ADDRESS 6401 E. ROGER CIR #17 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** William Brock TITLE ☐ Change Addition ☐ Delete TITLE William Brock NAME NAME 6401 E Rosers STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33487 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 617, 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

ine President