## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # N14511** 1. Entity Name BOCA OFFICE AND WAREHOUSE PARK CORPORATION 05-03-2001 90934 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 6401 E ROGERS CIRCLE 6401 EAST ROGERS CIRCLE **BOCA RATON FL 33487** SUITE #17 **BOCA RATON FL 33487** 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 4. FEI Number Applied For 59-2724142 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 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 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change PN ☐ Delete TITLE TITLE Lerman, Michael 6401 East Rogers Com #18 NAME PINE, JERRY NAME STREET ADDRESS STREET ADDRESS 6401 E. ROGERS CIR #17 CITY-ST-ZIP Boca Raton Fla 33487 CITY-ST-ZIP **BOCA RATON FL 33487** Delete Change ☐ Addition std TITLE TITLE DOXEY, JOANN NAME NAME STREET ADDRESS STREET ADDRESS 5350 10TH AVE NORTH #6 CITY-ST-7IP CITY-ST-ZIP-LAKE WORTH FL 33463 Change ☐ Addition VD ☐ Delete TITLE SCHWATZ, PAUL NAME STREET ADDRESS STREET ADDRESS 175 5TH AVE CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10010** □ Delete TITLE Change ☐ Addition HILL DAVID NAME STREET ADDRESS 6401 E. ROGER CIR #17 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIF

☐ Delete

☐ Change