

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004082 (3)

1. Corporation Name

BOCA BUSINESS COUNCIL, INC.

Principal Place of Business

5701 PINE ISLAND ROAD
FT. LAUDERDALE FL 33321

Mailing Address

5701 PINE ISLAND ROAD
FT. LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report

4. FEI Number

65-0506975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, RICKY J
1489 W. PALMETTO PARK RD.
#397
BOCA RATON FL 33486

81

Name

82

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

83

City

84

State

85

Zip Code

86

City

State

Zip Code

City

State

Zip Code

City

State

Zip Code

City

State

Zip Code

City

State

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HAUSDORFF, DAVID

STREET ADDRESS

500 EAST BROWARD BLVD. #800

CITY - ST - ZIP

FT. LAUDERDALE FL 33394

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

D

NAME

VAN KLEEK, CATHARINA B

STREET ADDRESS

301 YAMATO RD. #3110

CITY - ST - ZIP

BOCA RATON FL 33431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

D

NAME

BERENBAUM, MICHAEL H

STREET ADDRESS

50 S.W. BOCA RATON BLVD. #202

CITY - ST - ZIP

BOCA RATON FL 33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

TREASURER

NAME

BRUCE J. BERENBAUM

STREET ADDRESS

5701 N. Pine Island Blvd #220

CITY - ST - ZIP

TALLAHASSEE, FLORIDA 32321

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/95