

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90098 014 ***150.00

0301736

DOCUMENT # P00000089354

1. Entity Name

BOCA FINANCE CORPORATION

Principal Place of Business

1527 S.W. 1ST AVE
 BOCA RATON FL 33432

Mailing Address

1527 S.W. 1ST AVE
 BOCA RATON FL 33432

2. Principal Place of Business

433 PLAZA REAL

3. Mailing Address

Suite, Apt. #, etc.

SUITE 275

City & State

BOCA RATON, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

65-1054058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POWERS, SEAN
1527 S.W. 1ST AVE
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 ☐ Delete
 NAME **D POWERS, SEAN**
 STREET ADDRESS **1527 S.W. 1ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME **D GREEN, SANDRA**
 STREET ADDRESS **1535 SW 1ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Delete
 NAME **D GREEN, DOUGLAS C**
 STREET ADDRESS **1535 S.W. 1ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **T/S/D POWERS, SEAN**
 STREET ADDRESS **1527 SW 1ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
 NAME **P/D GREEN, SANDRA**
 STREET ADDRESS **1760 SW 2ND AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☒ Change ☐ Addition
 NAME **D GREEN, DOUGLAS C**
 STREET ADDRESS **1760 SW 2ND AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☒ Addition
 NAME **V/D ANN-DEA TRONCONE**
 STREET ADDRESS **1535 SW 1ST AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
 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

SEAN POWERS

2/13/01

Date

(561) 394-7215

Daytime Phone #

CR2E034 (10/00)