

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90083 045 ***150.00

0301357

DOCUMENT # P00000091424

1. Entity Name

BOCA ELECTRONICS, INC.

Principal Place of Business

**433 PLAZA REAL SUITE 275
 BOCA RATON FL 33428**

Mailing Address

**433 PLAZA REAL SUITE 275
 BOCA RATON FL 33428**

2. Principal Place of Business

6763 Bridlewood Ct.
 Suite, Apt. #, etc.

3. Mailing Address

6763 Bridlewood Ct.
 Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number ☒ Applied For
 Not Applicable

Zip

33433

Country

Zip

33433

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIM, KURT M ESQ
 433 PLAZA REAL SUITE 275
 BOCA RATON FL 33428**

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 **PTD** ☐ Delete
 NAME **LAX, JOSHUA**
 STREET ADDRESS **22261 SW 66TH AVENUE SUITE 1707**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VSD** ☒ Delete
 NAME **FALLET-LAX, RACHEL**
 STREET ADDRESS **22261 SW 66TH AVENUE SUITE 1707**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **Lax, Joshua**
 STREET ADDRESS **6763 Bridlewood Ct.**
 CITY-ST-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

4-26-01 5616208808

CR2E034 (10/00)