

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90093 032 \*\*\*150.00

**DOCUMENT # P01000016181**

1. Entity Name  
**BOCA RATON ACADEMY, INC.**



Principal Place of Business  
**2735 AVE AU SOLEILE  
DELRAY BEACH FL 33483**

Mailing Address  
**9720 PINES BLVD.  
PEMBROKE PINES FL 33028-6228**

2. Principal Place of Business  
**23123 STATE ROAD 7**

3. Mailing Address  
**23123 STATE ROAD 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-1084176**

Applied For  
Not Applicable

Zip  
**33428** Country  
**FLA-DELT**

Zip  
**33428** Country  
**FLA-DELT**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUFMAN, NINA  
2735 AVE AU SOLEILE  
DELRAY BEACH FL 33483**

Name  
**STEPHEN CUSTEN**

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

**23123 STATE ROAD 7 SUITE 107**

City **BOCA RATON** FL Zip Code **33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Step Pust*  
Signature, typed or printed name of registered agent and title if applicable.

**STEPHEN CUSTEN**

**4-9-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PTS** ☐ Delete  
NAME  
**KAUFMAN, NINA**  
STREET ADDRESS  
**2735 AVE AU SOLEILE**  
CITY-ST-ZIP  
**DELRAY BEACH FL 33483**

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

TITLE  
**VP** ☐ Delete  
NAME  
**CUSTEN, STEPHEN**  
STREET ADDRESS  
**12444 CLEARFALLS DR**  
CITY-ST-ZIP  
**BOCA RATON FL 33428**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Signature Required* **STEPHEN CUSTEN** **4-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)