

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 014 ***150.00

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DOCUMENT # P02000053961

1. Entity Name
BOCA RATON BUSINESS PARK TRUSTEE, INC.



Principal Place of Business
**190 WEST GLADES ROAD STE C
BOCA RATON FL 33432**

Mailing Address
**190 WEST GLADES ROAD STE C
BOCA RATON FL 33432**

2. Principal Place of Business
**2295 N.W. Corporate Blvd
Suite, Apt. #, etc.
135**

3. Mailing Address
**2295 N.W. Corporate Blvd.
Suite, Apt. #, etc.
135**

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number
75-3058718

Applied For
Not Applicable

Zip
33431

Country
U.S.A.

Zip
33431

Country
U.S.A.

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

**GRANET, LLOYD
1900 NW CORPORATE BLVD STE 100
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)
2295 N.W. Corporate Boulevard

Suite 235

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

SIGNATURE

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, Asst.Secy
Vito J. Lupo
2295 N.W. Corporate Blvd. #135
Boca Raton, Florida 33431** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, S, T
Linda Lupo
2295 N.W. Corporate Blvd. #135
Boca Raton, Florida 33431** ☐ Delete

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

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE *[Signature]* **REQUIRED**

4/30/03

(561) 994-2789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)