

2000 UNIFORM BUSINESS RE

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90001 027 ***150.00

DOCUMENT # P93000044443

1. Entity Name

BOCA DELRAY SERVICE CENTER, INC.

Principal Place of Business

4970 W. ATLANTIC AVE.
DELRAY BCH., FL 33455

Mailing Address

4970 W. ATLANTIC AVE.
DELRAY BCH., FL 33445-3843

B0012774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0435635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUAREZ, JOSE M
10776 TEA OLIVE LANE
BOCA RATON FL 33498

Name

JOHN JEWELL

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

2417 NW 49 LANE

CITY BOCA RATON

FL

Zip Code 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

01/26/2000
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SUAREZ, JOSE M
STREET ADDRESS 10776 TEA OLIVE LANE
CITY-ST-ZIP BOCA RATON FL 33498 ☒ Delete

TITLE P
NAME MARTHA R. JEWELL
STREET ADDRESS 2417 NW 49 LANE
CITY-ST-ZIP BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE S
NAME SUAREZ, JOHANNA
STREET ADDRESS 10776 TEA OLIVE LANE
CITY-ST-ZIP BOCA RATON FL 33498 ☒ Delete

TITLE STD
NAME JOHN JEWELL
STREET ADDRESS 2417 NW 49 LANE
CITY-ST-ZIP BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

John Jewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/2000 561 498 5730
Date Daytime Phone #