

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000019827**

1. Entity Name
MICA OF BOCA RATON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT-28 AM 8:01

Principal Place of Business
**9184 GLADES RD.
BOCA RATON FL 33434**

Mailing Address
**9184 GLADES RD.
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0488143**

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

**LACKRITZ, DONALD
9184 GLADES RD.
BOCA RATON FL 33434**

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, 2002 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 **P** ☐ Delete
NAME **LACKRITZ, DONALD**
STREET ADDRESS **9184 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME **800008875568**
STREET ADDRESS **11/07/02--01071--003 **165.00**
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **LACKRITZ, ROBERT**
STREET ADDRESS **9184 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Custom Furniture • Mica • Wood • Upholstery • Stone

October 18, 2002

Florida Department of Revenue
Attn: Pat Bailey, Accountant II
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Mica Of Boca Raton, Inc.
P94000019827

Dear Ms. Bailey,

Thank you for speaking with me on behalf of Donald Lackritz and Mica of Boca Raton, Inc.

In May 2002, Donald's father, Robert Lackritz, was killed by a truck while in his car and stopped at a stop sign. From that point forward, and for approximately three months, Don Lackritz closed his business. Mail was not opened, his bank account was overdrawn, and important correspondence, such as that sent by your department, remained unopened.

In accordance with my request to have the corporation reinstated, I am enclosing a check in the amount of \$165.00, to cover the original check of \$150, plus fee for returned item.

Thank you for being gracious, professional and sensitive to this situation.

Respectfully,

A handwritten signature in cursive script that reads "Donna L. Munaco".

Donna L. Munaco
Controller