

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90078 037 ***150.00

DOCUMENT # P95000021707

1. Entity Name
BOCA HOSPITALITY, INC.



Principal Place of Business
**1515 N. FEDERAL HWY
S-300
BOCA RATON FL 33431
US**

Mailing Address
**1515 N. FEDERAL HWY
S-300
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0576763**

Applied For

Not Applicable

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

**PANAKOS, MICHAEL
1515 N. FEDERAL HWY
S-300
BOCA RATON FL 33431**

Name

Jeffrey Hann CPA

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

Suite 300

1515 N. Federal Hwy

City **BOCA RATON**

FL

Zip Code **33432**

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]*
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 **P**
NAME **PANAKOS, MICHAEL**
STREET ADDRESS **1515 N. FEDERAL HWY S-300**
CITY-ST-ZIP **BOCA RATON FL**

☒ Delete

TITLE **D**
NAME **SIMON, PETER**
STREET ADDRESS **1515 N. FEDERAL HWY SUITE #300**
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ Delete

TITLE **D**
NAME **GUARINI, PATRICK M**
STREET ADDRESS **1515 N. FEDERAL HWY SUITE #300**
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE **P**
NAME **COSTAS, JOHN**
STREET ADDRESS **1515 N. Federal Hwy S-300**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)