

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000011100**

1. Entity Name

BOCA ASSOCIATES, INC

[Signature]

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90016 046 ***150.00

Principal Place of Business

Mailing Address

8211 W. GLADYS RD

BOCA RATON, FL 33434

00067205

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

58-220015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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, 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 **VP**
NAME **JANICE A JONES**
STREET ADDRESS **1571 BRENNET CR**
CITY-ST-ZIP **MAPLE GLN, PA 19002**
☒ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

Date

561-487-1191

Daytime Phone #

CR2E034 (9/99)

Attachment
D# P96000011100
D0067205

BOCA ASSOCIATES, INC

8211 W. GLADES RD
BOCA RATON, FL 33434
561-487-1191

June 20, 2000

Florida Department of Corporations
409 East Gaines Street
Tallahassee, FL 32399


RE: UBR -2000
ID - P96000011100

Dear Sir/Madam:

Enclosed please find a check in the amount of \$ 150.00 and the year 2000 UBR for the above Corporation. This form is being filed late because I did not receive the original forms. I was in contact with your office to get replacement forms, of which I just received.

Should you have any questions please advise.

Sincerely,



James H. Jones
President