

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032492

1. Entity Name

BOCA PET POURREE, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90187 030 \*\*\*150.00

Principal Place of Business

Mailing Address

~~10758 LAKE JASMINE DRIVE~~  
~~BOCA RATON FL 33498~~

~~10758 LAKE JASMINE DRIVE~~  
~~BOCA RATON FL 33498-1505~~

2. Principal Place of Business

19357 S STATE ROAD 7

3. Mailing Address

19357 S STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33498

Country

Zip

33498

Country

4. FEI Number

65-0664819

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

WERTHAISER, MARC A

~~10758 LAKE JASMINE DRIVE~~

~~BOCA RATON FL 33498~~

Name

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

19357 S STATE ROAD 7

City

BOCA RATON

FL

Zip Code

33498

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 ☐ Delete  
NAME D  
STREET ADDRESS WERTHAISER, MARC A  
CITY-ST-ZIP ~~10758 LAKE JASMINE DRIVE~~  
~~BOCA RATON FL 33498~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 19357 S STATE ROAD 7  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-00 540-596