

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90050 008 ***150.00

0297640

DOCUMENT # P96000058248

1. Entity Name
BOTANICA OF BOCA, INC.

Principal Place of Business
7050-40 W PALMETTO PARK RD
BOCA RATON FL 33433
US

Mailing Address
22150 CONCHA AVENUE
BOCA RATON FL 33428

00023793



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7050 W. PALMETTO PARK RD
 Suite, Apt. #, etc.
SUITE 25
 City & State
BOCA RATON, FL
 Zip
33433
 Country
USA

3. Mailing Address
7050 W. PALMETTO PARK RD
 Suite, Apt. #, etc.
SUITE 25
 City & State
BOCA RATON, FL
 Zip
33433
 Country
USA

4. FEI Number **65-0680792** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALBERTINE, MICHAEL O ESQ.
2200 W. COMMERCIAL BLVD. STE 301
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name **IRWIN DRUCKER**
 Street Address (P.O. Box Number is Not Acceptable)
22150 CONCHA AVENUE
 City **BOCA RATON** FL Zip Code **33428**

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 **IRWIN DRUCKER** **SECRETARY/TREASURER** **3/6/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, IRWIN 22150 CONCHA AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOMINSKI, ROBERT 22150 CONCHA AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **IRWIN DRUCKER** **3/6/01** **561-392-0053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)