

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080406

1. Entity Name

BOCA GLADES, INC.

Principal Place of Business

2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134-5224

2. Principal Place of Business

3225 AVIATION AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

65-0699981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, MARCUS
3225 AVIATION AVE
STE 700
COCONUT GROVE FL 33133

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

TITLE D
NAME MARCUS, STEWART
STREET ADDRESS 3225 AVIATION AVE STE 700
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

STEWART, MARCUS

4/25/00 305-860-8188

Date

Daytime Phone #

FILED

00 JUN 29 PM 1:38

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

6/7/00 904431038 \$150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)