

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034167

1. Entity Name

BOCASA (FLORIDA) INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90079 011 ***150.00

Principal Place of Business

Mailing Address

C/O JANE LUMBERSON
4501 T.T.N. #204
NAPLES FL 34103
US

% WAYNE M. LEVINE
777 LANTANA ROAD
LANTANA FL 33462-1632

00037890

2. Principal Place of Business

3. Mailing Address

C/O JANE LUMBERSON 4501 TAMiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4501 TAMiami Tr N #204

204

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0753893

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

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

LAMBERSON, JANE
4501 T.T.N. #204
4501 TAMiami Tr N, #204
NAPLES FL 34103

Name

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

4501 TAMiami Tr. N. # 204

City

NAPLES

FL

Zip Code

34103

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 NAME STREET ADDRESS CITY-ST-ZIP	D CALMES, JEAN 86 RUE DU CHERCHE-MIDI F-75006 PARIS, FRANCE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP ST, D CALMES, JEAN 4 RUE DU PARC, L-5374 MUNSBAUGH GR-D OF LUXEMBOURG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERSON, JANE E 4501 TAMiami Tr. N, #204 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

Jeune Calmes President Feb. 25th 2000

Date

Daytime Phone #

CR2E034 (9/99)