

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071315

1. Entity Name  
**BOCA BEACH MARKET, INC.**

*R*

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90103 048 \*\*\*150.00

Principal Place of Business

**1 N. OCEAN BLVD.  
BOCA RATON FL 33432**

Mailing Address

**1 N. OCEAN BLVD.  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0777920**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SHIHADAH, FADY  
1 N OCEAN BLVD.  
BOCA RATON FL 33432**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
NAME **SHIHADAH, FAWZI A**  
STREET ADDRESS **1 N OCEAN BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete  
NAME **SHIHADAH, FADY**  
STREET ADDRESS **1 N OCEAN BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 19/2000*  
Date Daytime Phone #

Attachment  
P# P97000071315  
D074563

**Boca Beach Market, Inc.**  
**1 N. Ocean Blvd.**  
**Boca Raton, FL 33432**

**561-395-9533**

July 13, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

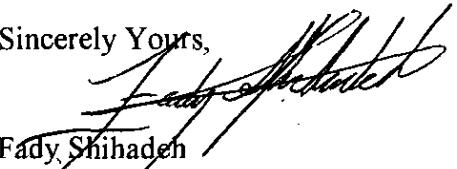
RE: Document # P97000071315

To Whom It May Concern:

We are in receipt of the 2000 Uniform Business Report. This is the first report we have received. We have recently have had trouble with our mail delivery and we are trying to correct the problem. We have always filed our report early and ask that you accept our check for \$150.00 to cover the 2000 filing fees.

Thank your for your consideration in this matter.

Sincerely Yours,

  
Fady Shihaden  
Boca Beach Market