

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90007 005 ***150.00

DOCUMENT # P97000073764

1. Entity Name

BOCA/CONGRESS, INC.

Principal Place of Business

**GSB BUILDING, 1 BELMONT AVE., STE. 401
BALA CYNWYD PA 19004**

Mailing Address

**GSB BUILDING, 1 BELMONT AVE., STE. 401
BALA CYNWYD PA 19004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2943649**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DILELLA, DANIEL M	GSB BLDG STE 401 ONE BELMONT AVE	GALA CYNWYD PA 19004							
	CVAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HOWARD, BARRY	GSB BLDG STE 401 ONE BELMONT AVE	BALA CYNWYD PA 19004							
	VAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	WILLIAMS, SCOTT	GSB BLDG STE 401 ONE BELMONT AVE	BALA CYNWYD PA 19004							
	VTAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MALONEY, ROBERT	GSB BLDG STE 401 ONE BLEMONT AVE	BALA CYNWYD PA 19004							
	VAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PERRY, ROY C	GSB BLDG STE 401 ONE BELMONT AVE	BALA CYNWYD PA 19004							
	VAS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PASQUARELLA, ARTHUR P	GSB BLDG STE 401 ONE BELMONT AVE	BALA CYNWYD PA 19004							

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.

Roca/Congress, Inc.**SIGNATURE:**

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Howard, Chairman of the Board

3/7/01

Date

610-668-2540

Daytime Phone #

CR2E034 (10/00)