

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90997 023 ***150.00

DOCUMENT # P98000030544

1. Entity Name
BOCA I GENPAR, INC.

Principal Place of Business Mailing Address
3195 NORTH POWERLINE ROAD #104 **3195 NORTH POWERLINE ROAD #104**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**

C0059428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1000 E. HILLSBORO BLVD **1000 E. HILLSBORO BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 100 **STE 100**

City & State City & State
DEERFIELD BEACH, FL **DEERFIELD BEACH FL**

Zip Country Zip Country
33441 **33441** **33441**

4. FEI Number 65-0904939 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
BRENNER, SCOTT F 3195 NORTH POWERLINE ROAD #104 POMPANO BEACH FL 33069	1000 East Hillsboro Boulevard Suite 100 Deerfield Beach, FL 33441
	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 _____ (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	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRENNER, SCOTT F			NAME			
STREET ADDRESS	3195 NORTH POWERLINE ROAD #104			STREET ADDRESS	1000 E. HILLSBORO BLVD. #100		
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOPELMAN, MARC A			NAME			
STREET ADDRESS	3195 NORTH POWERLINE ROAD #104			STREET ADDRESS	1000 E. HILLSBORO BLVD. #100		
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOROWITZ, BRIAN			NAME			
STREET ADDRESS	3195 NORTH POWERLINE ROAD #104			STREET ADDRESS	1000 E. HILLSBORO BLVD. #100		
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOROWITZ, HYMAN B			NAME			
STREET ADDRESS	3195 NORTH POWERLINE ROAD #104			STREET ADDRESS	1000 E. HILLSBORO BLVD. #100		
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: MARC A. Kopeleman Date: 4/5/01 Daytime Phone #: 954-978-9968

CR2E034 (10/00)