

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049396

1. Entity Name  
**BOCA VILLAGE SQUARE, INC.**

Principal Place of Business  
**2401 PGA BOULEVARD #280  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**2401 PGA BOULEVARD #280  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
**1696 NE Miami Gardens Drive**  
Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**1696 NE Miami Gardens Drive**  
Suite, Apt. #, etc.  
**Suite 200**

City & State  
**North Miami Beach, Florida**

City & State  
**North Miami Beach, Florida**

Zip Country  
**33179 USA**

Zip Country  
**33179 USA**

4. FEI Number **65-0840100**

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

**WIENER, DAVID J ESQ  
2401 PGA BOULEVARD #280  
PALM BEACH GARDENS FL 33410**

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 **DP** ☒ Delete  
NAME **PRESTON, JOHN W**  
STREET ADDRESS **C/O 2401 PGA BLVD. #280**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DPAS** ☐ Change ☒ Addition  
NAME **Katzman, Chaim**  
STREET ADDRESS **1696 NE Miami Gardens Drive, Ste. 200**  
CITY-ST-ZIP **North Miami Beach, Florida 33179**

TITLE **VST** ☒ Delete  
NAME **GREEN, ROBERT S**  
STREET ADDRESS **C/O 2401 PGA BLVD. #280**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DVS** ☐ Change ☒ Addition  
NAME **Valero, Doron**  
STREET ADDRESS **1696 NE Miami Gardens Drive, Suite 200**  
CITY-ST-ZIP **North Miami Beach, Florida 33179**

TITLE **D** ☒ Delete  
NAME **COHEN, PETER F**  
STREET ADDRESS **C/O 2401 PGA BLVD. #280**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DVT** ☐ Change ☒ Addition  
NAME **Segal, Dori**  
STREET ADDRESS **161 Bay Street, Suite 2820**  
CITY-ST-ZIP **Toronto, ON M5J 2S1 Canada**

TITLE **DVAS** ☒ Delete  
NAME **BERNICK, LARRY**  
STREET ADDRESS **2401 PGA BOULEVARD #280**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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.  
**Boca Village Square, Inc.**

SIGNATURE: By:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-947-1664

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)