

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90178 008 \*\*\*150.00

**DOCUMENT # P99000021764**

1. Entity Name  
**BOCA INTERNET TECHNOLOGIES, INC.**

Principal Place of Business

**21301 POWERLINE RD., SUITE 206  
BOCA RATON FL 33433**

Mailing Address

**21301 POWERLINE RD., SUITE 206  
BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21301 Powerline Rd**

3. Mailing Address

**21301 Powerline Rd**

Suite, Apt. #, etc.

**Suite 104**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**22-3656364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GROSS, JOANN**

**21218 ST. ANDREWS BLVD., #611  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Kenneth Gross**

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

**21301 Powerline Road**

**Suite 104**

City **Boca Raton**

**FL**

Zip Code **33433**

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

**1/20/2002**

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, 2002 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

TITLE **P** ☐ Delete  
NAME **LUCENTE, MICHAEL**  
STREET ADDRESS **21218 ST. ANDREWS BLVD., #611**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V** ☐ Delete  
NAME **GROSS, KEN**  
STREET ADDRESS **21218 ST. ANDREWS BLVD., #611**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Retirement VP/CTO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **21301 Powerline Road, Suite 104**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **President, CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **21301 Powerline Road, Suite 104**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

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

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

**1/20/2002 561-218-5527**

CR2E034 (9/01)