

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058827

1. Entity Name

BOCA DOMINION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 7:38

Principal Place of Business

6499 NW 9TH AVENUE SUITE 101
FT LAUDERDALE FL 33309

Mailing Address

6499 NW 9TH AVENUE SUITE 101
FT LAUDERDALE FL 33309

2. Principal Place of Business

809 S.E. 5th Ct

Suite, Apt. #, etc.

3. Mailing Address

809 S.E. 5th Ct.

Suite, Apt. #, etc.



REINSTATEMENT

00

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip
33441

Country

Zip
33441

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, KATHIE
6499 NW 9TH AVENUE SUITE 301
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

DRR, DIANE

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

809 S.E. 5th Ct.

City

DEERFIELD BEACH

FL

Zip Code
33441

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

Diane P. Orr

(NOTE: Registered Agent signature required when reinstating)

9-25-00

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

TITLE D ☐ Delete
NAME MORANO, ELIZABETH
STREET ADDRESS 148 GATEWAY DRIVE
CITY-ST-ZIP STATEN ISLAND NY 10304

TITLE D ☐ Delete
NAME ORR, JANINE
STREET ADDRESS 10571 NW 66TH STREET
CITY-ST-ZIP PARKLAND FL 33076

TITLE D ☐ Delete
NAME ARTUSO, JOHN
STREET ADDRESS 131 YACHT CLUB WAY #207
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE D ☐ Delete
NAME ARTUSO, VINCENT
STREET ADDRESS 3390 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete
NAME JACOVINO, MARIO L
STREET ADDRESS 1141 CUMBERMEADE ROAD
CITY-ST-ZIP FORT LEE NJ 07024

TITLE D ☐ Delete
NAME LAURO, ANTHONY
STREET ADDRESS 1147 HILLSBORO MILE APT. 404S
CITY-ST-ZIP HILLSBORO BEACH FL 33062

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003427750--9
CITY-ST-ZIP -10/17/00--01070--008
****250.00 ****250.00

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-00

Date

Daytime Phone #

CR2E034 (5/00)