

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065136

1. Entity Name

B.C.A. CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90334 042 ***150.00

Principal Place of Business

Mailing Address

1701 ESPANOLA DRIVE
COCONUT CREEK FL 33133

1701 ESPANOLA DRIVE
COCONUT CREEK FL 33133-3301

2. Principal Place of Business

1701 ESPANOLA DRIVE

3. Mailing Address

1701 ESPANOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEL Number

65-0937287

Applied For

Not Applicable

Zip

Country

33133

USA

Zip

Country

33133

USA

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

BARUCH, RAPHAEL
1701 ESPANOLA DRIVE
COCONUT CREEK FL 33133

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, 2000 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 PD ☐ Delete
NAME BARUCH, RAPHAEL
STREET ADDRESS 1701 ESPANOLA DRIVE
CITY-ST-ZIP COCONUT CREEK FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/28/00

Date

305 857 0343

Daytime Phone #

CR2E034 (9/99)