

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071169

1. Entity Name

JNE OF BOCA, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90075 027 ***150.00

0329045

Principal Place of Business

Mailing Address

5250 TOWN CENTER CIRCLE
SUITE #125
BOCA RATON FL 33486

5250 TOWN CENTER CIRCLE
SUITE #125
BOCA RATON FL 33486

00044110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0939473

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

BOLTON, JEFF
2401 NW BOCA RATON BLVD
SUITE #100
BOCA RATON FL 33432

Name

JOEL I. LEVY

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

2101 CORPORATE BLVD, SUITE # 317

City

BOCA RATON, FL 33431

FL

Zip Code

33431

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

Joel I. Levy, CPA

4/27/01

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PANICO, JACK SR
127 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOVK, NINA
3115 S OCEAN BLVD SUITE 903
HIGHLAND BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEZDECK, EMMA
3770 VILLAGE DR
DELRAY BCH FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4.05.01

561 391-8803

CR2E034 (10/00)