

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074206

1. Entity Name

A. & D. BECCA, INC.

Principal Place of Business

19231 CLOISTER LAKE LANE
BOCA RATON FL 33498

Mailing Address

19231 CLOISTER LAKE LANE
BOCA RATON FL 33498-4857

2. Principal Place of Business

11419 F West Palmetto PK

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON, FL

City & State

City & State

Zip

33428

Country

Palm

Zip

Country

4. FEI Number

65-0942786

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

FEINSTEIN, DAVID
19231 CLOISTER LAKE LANE
BOCA RATON FL 33498

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 D ☐ Delete
NAME FEINSTEIN, DAVID
STREET ADDRESS 19231 CLOISTER LAKE LANE
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
NAME FEINSTEIN, ANN GAIL
STREET ADDRESS 19231 CLOISTER LAKE LANE
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

David Feinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 561-457-3594
Date Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90072 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)