

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085007

1. Entity Name

MARRIC OF BOCA RATON, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90224 012 \*\*\*150.00

Principal Place of Business

Mailing Address

22381 S.W. 66TH AVENUE, APT. 806  
BOCA RATON FL 33428

22381 S.W. 66TH AVENUE, APT. 806  
BOCA RATON FL 33428-5307

2. Principal Place of Business

3420 45th Street

Suite, Apt. #, etc.

3. Mailing Address

3420 45th Street

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33407

Country

City & State

West Palm Beach, FL

Zip

33407

Country

4. FEI Number

65-0950463

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

COLON, RICHARD

22381 S.W. 66TH AVENUE, APT. 806  
BOCA RATON FL 33428

Name  
Maria V. Adorno

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

3420 45th Street

City West Palm Beach,

FL

Zip Code

33407

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

*Maria V. Adorno*

President

5/1/00

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	<input checked="" type="checkbox"/> Delete
NAME	COLON, RICHARD	
STREET ADDRESS	22381 S.W. 66TH AVENUE, APT. 806	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADORNO, MARIA V	
STREET ADDRESS	22381 S.W. 66TH AVENUE, APT. 806	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maritza Collins	
STREET ADDRESS	10375 Oliver Lane	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Maria V. Adorno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K* 5/1/00 (561) 688-9793

Date

Daytime Phone #

CR2E034 (9/93)