

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090591

1. Entity Name

BOCA INTERNET, INC.

Principal Place of Business

433 PLAZA REAL
STE 275
BOCA RATON FL 33432
US

Mailing Address

433 PLAZA REAL
STE 275
BOCA RATON FL 33432
US

2. Principal Place of Business

225 Mizner Blvd
Suite, ~~11000~~
300

3. Mailing Address

225 Mizner Blvd.
Suite, ~~11000~~
300

City & State

Boca Raton, FL
Zip 33432 Country USA

City & State

Boca Raton, FL
Zip 33432 Country USA

4. FEI Number

65-0970509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEST, BRUSE H ESQ.
BRUCE H. HEST, P.A.
7777 GLADES ROAD, SUITE 207
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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, 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

TITLE D
NAME LAX, JOSHUA
STREET ADDRESS 22261 SW 66TH AVENUE, #1707
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Lax, Joshua
STREET ADDRESS 6763 Bridlewood Ct.
CITY-ST-ZIP Boca Raton, FL 33433 ☒ Change ☐ Addition

TITLE D
NAME Blackman, Lawrence
STREET ADDRESS 19571 Havensway Ct.
CITY-ST-ZIP Boca Raton, FL 33498 ☐ Change ☒ Addition

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

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

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

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 #

4-5-01 5614179797

0302330

CR2E034 (10/00)