

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 538207

1. Entity Name

BOCA VERTICALS ETC. INC.

Principal Place of Business

7042 BERACASA WAY

Mailing Address

SAME

BOCA RATON FL 33433

2. Principal Place of Business

7042 BERACASA WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

4. FEI Number

BUE. 65-0266181

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLIFFORD R. ROTHBAND PRES.
3650 COCO LAKE DR
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name ROBERTA ROTHBAND

Street Address (P.O. Box Number is Not Acceptable)
7042 BERACASA WAY

City BOCA RATON

FL

Zip Code

33433

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

Robert ROTHBAND

Robert ROTHBAND

8/28/00

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres officer
NAME CLIFFORD R. ROTHBAND
STREET ADDRESS 3650 COCO LAKE DR
CITY-ST-ZIP COCONUT CREEK FL 33073

☒ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director
NAME ROBERTA ROTHBAND
STREET ADDRESS 7042 BERACASA WAY
CITY-ST-ZIP BOCA RATON FL 33433

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 empowers.

SIGNATURE:

Robert ROTHBAND
ROBERTA ROTHBAND
CLIFFORD R. ROTHBAND PRES

8/28/00 561392 2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)