

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90036 024 ***150.00

DOCUMENT # S65426

1. Entity Name

BOCA MANAGEMENT CORPORATION

Principal Place of Business

**7800 NORTH FEDERAL HWY
 SANCTUARY CENTRE STE D-100
 BOCA RATON FL 33431
 US**

Mailing Address

**10718 KIRKALDY LANE
 BOCA RATON FL 33498
 US**



2. Principal Place of Business

4800 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc. **SUITE
 SANCTUARY CENTRE, D-100**

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip Country

33431 US

4. FEI Number

65-0280380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J PA
 SANCTUARY CENTRE
 4800 N FEDERAL HIGHWAY, STE D-100
 BOCA RATON FL 33431**

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, 2002 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 **DPST** ☐ Delete
 NAME **LICHTMAN, JONATHAN J.**
 STREET ADDRESS **10718 KIRKALDY LANE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **DVP** ☐ Delete
 NAME **LICHTMAN, BETSY**
 STREET ADDRESS **10718 KIRKALDY LANE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LICHTMAN
 PRESIDENT**

1/28/02
 Date

(581) 442-0012
 Daytime Phone #

CR2E034 (9/01)