

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90066 011 ***150.00

DOCUMENT # V25727

1. Entity Name
BOCA RATON PROPERTY, INC.

Principal Place of Business

**5882 NW 23RD WAY
 BOCA RATON FL 33496
 US**

Mailing Address

**1475 W. CYPRESS CREEK RD.
 SUITE 202
 FORT LAUDERDALE FL 33309
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1475 W. CYPRESS CREEK RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 202

City & State
BOCA RATON FLA.

City & State

4. FEI Number

65-0405799

Applied For

Not Applicable

Zip
33309

Country
BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLIFFORD I. HERTZ, P.A.
 ONE NORTH CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH FL 33401**

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
PD ☐ Delete
 NAME
GOLDSTEIN, JAMES
 STREET ADDRESS
5825 NW 42 WAY
 CITY-ST-ZIP
BOCA RATON FL

TITLE
VPD ☐ Delete
 NAME
SCHROEDER, ANDERS U
 STREET ADDRESS
22 HESTER RD
 CITY-ST-ZIP
LONDON EN

TITLE
S ☐ Delete
 NAME
GOLDSTEIN, KRISTINE
 STREET ADDRESS
5825 N.W. 42 WAY
 CITY-ST-ZIP
BOCA RATON FL

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P.D. ☒ Change ☐ Addition
 NAME
GOLDSTEIN, JAMES
 STREET ADDRESS
5882 N.W. 123 WAY
 CITY-ST-ZIP
BOCA RATON FLA. 33496

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

TITLE
S ☒ Change ☐ Addition
 NAME
GOLDSTEIN, KRISTINE
 STREET ADDRESS
5882 N.W. 42 WAY
 CITY-ST-ZIP
BOCA RATON, FLA. 33496

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)