

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90161 015 ***150.00

DOCUMENT # V25727

1. Entity Name
BOCA RATON PROPERTY, INC.



Principal Place of Business
**1475 W CYPRESS CREEK RD
STE 202
BOCA RATON FL 33309
US**

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0405799**

Applied For
Not Applicable

Zip Country

Country

Zip Country

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JAMES	
STREET ADDRESS	5882 NW 23 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHROEDER, ANDERS U	
STREET ADDRESS	22 HESTER RD	
CITY-ST-ZIP	LONDON EN	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, KRISTINE	
STREET ADDRESS	5882 NW 23 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VPD	
STREET ADDRESS	VPD	
CITY-ST-ZIP	VPD	
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"/> 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	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BAND	
STREET ADDRESS	1475 W. CYPRESS CREEK ROAD, SUITE 202	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33309	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT BAND* **SIGNATURE REQUIRED** *3/10/03* **954-771-6714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)