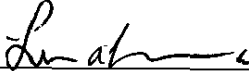


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90257 045 ****61.25

A0077906

| | | | |
|--|--|---|---|
| DOCUMENT # 723426 | | 1. Entity Name | |
| WATERWAY PLAZA, INC. (LA) | | | |
| Principal Place of Business | | Mailing Address | |
| 7900 TATUM WATERWAY DRIVE MIAMI, BEACH, FL 33141 | | TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS, FL 33266 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| WATERWAY PLAZA, INC. Suite, Apt. #, etc. 7900 TATUM WATERWAY DRIVE City & State MIAMI BEACH, FL | | TPS MANAGEMENT Suite, Apt. #, etc. P.O. BOX 661554 City & State MIAMI SPRINGS, FL | |
| 4. FEI Number | | Applied For | |
| 591502264 | | <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GUARANTEE MANAGEMENT SERVICES, INC. 111 FONTAINEBLEAU BLVD. MIAMI, FL 33172 | | Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 1102 City CORAL GABLES FL Zip Code 33134 | |
| 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 SKRLD, INC. BY LISA LERNER  | | , SECRETARY 6/8/01 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to - Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PIAZZA-ZUNIGA, JEANNIE PD <input type="checkbox"/> Delete 7900 TATUM WATERWAY DRIVE, # 401 MIAMI BEACH, FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PIAZZA-ZUNIGA, JEANNINE LTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11340 SW 176 Street MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAYLOR, ROEMARY PS <input checked="" type="checkbox"/> Delete 7900 TATUM WATERWAY DRIVE, # 307 MIAMI BEACH, FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LORENTZ, WLADIMIR PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1177 71 STREET MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REGAN, GABRIELA D <input checked="" type="checkbox"/> Delete 7900 TATUM WATERWAY DRIVE, # 503 MIAMI BEACH, FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRAUSQUIN, ALEXIS vpd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7900-TATUM-WATERWAY-DRIVE, # 512 MIAMI SPRINGS, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHLISSEL, JERRY VD <input type="checkbox"/> Delete 7900 TATUM WATERWAY DRIVE, # 306 MIAMI BEACH, FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHLISSEL, JERRY SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 TATUM WATERWAY DRIVE, # 306 MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: 6/27/01 Daytime Phone #: 305-593-2295

CR2E037 (11/00)