2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30248

1. Entity Name

FEDERAL PLAZA ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 PM 1:29

Principal Place of Business	Mailing Address
200 W. PALMETTO PARK RD. SUITE 301 BOCA RATON FL 33432	200 W. PALMETTO PARK RD. SUITE 301 BOCA RATON FL 33487-2777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME →	Suite, Apt. #, etc. 6700 NW BROKEN SOUND PKWY 201
City & State	City & State BOCA RATON, FL 33487
Zip / Country	Zip / Country

4. FEI Number 65-0201438 ☐ Applied For ☐ Not Applicable

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
FAUST, MARC L 2699 S. BAYSHORE DR. 7TH FLOOR MIAMI FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	6700 NW BROKEN SOUND ~~PARKWAY~~ PARKWAY
NAME	GULISANO, FRANK J	CITY-ST-ZIP	BOCA RATON, FL 33487
STREET ADDRESS	200 W. PALMETTO PARK RD.		
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500003145025--2
NAME		CITY-ST-ZIP	-02/23/00--01030--011
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			mf 2/17/00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED FRANK J. GULISANO 1/25/00 561-994-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)