

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90458 026 \*\*\*158.75

**DOCUMENT # F98000003065**  
 1. Entity Name  
**PLAZA PUERTO RICO MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**28801-29129 US 19N**      **MSC 621 89 DE DIEGO AVE**  
**CLEARWATER FL**      **STE 105**  
    **SAN JUAN PR 00927**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**66-0532586**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COLL, MARTA SEIN**  
**5042, CROSS POINTE DR.**  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent  
 Name: **n/a**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **n/a**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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          | <b>P</b> <input type="checkbox"/> Delete   |
| NAME           | <b>SELGER, SERGIO GABRIEL</b>              |
| STREET ADDRESS | <b>URB. MONTEHIDRA, 17 BIEN TE VEO</b>     |
| CITY-ST-ZIP    | <b>S.J. PR 00926</b>                       |
| TITLE          | <b>ST</b> <input type="checkbox"/> Delete  |
| NAME           | <b>FEINBERG, MINDY</b>                     |
| STREET ADDRESS | <b>URB. MONTEHIDRA, 17 BIEN TE VEO</b>     |
| CITY-ST-ZIP    | <b>S.J. PR 00926</b>                       |
| TITLE          | <b>ST</b> <input type="checkbox"/> Delete  |
| NAME           | <b>NATHAN, CLARA ZARAGOZA</b>              |
| STREET ADDRESS | <b>1277 CASTILLO DEL MAR</b>               |
| CITY-ST-ZIP    | <b>ISLA VERDE PR 00979</b>                 |
| TITLE          | <b>n/a</b> <input type="checkbox"/> Delete |
| NAME           | <b>n/a</b>                                 |
| STREET ADDRESS | <b>n/a</b>                                 |
| CITY-ST-ZIP    | <b>n/a</b>                                 |
| TITLE          | <b>n/a</b> <input type="checkbox"/> Delete |
| NAME           | <b>n/a</b>                                 |
| STREET ADDRESS | <b>n/a</b>                                 |
| CITY-ST-ZIP    | <b>n/a</b>                                 |
| TITLE          | <b>n/a</b> <input type="checkbox"/> Delete |
| NAME           | <b>n/a</b>                                 |
| STREET ADDRESS | <b>n/a</b>                                 |
| CITY-ST-ZIP    | <b>n/a</b>                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>n/a</b>  |
| STREET ADDRESS | <b>n/a</b>  |
| CITY-ST-ZIP    | <b>n/a</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>n/a</b>  |
| STREET ADDRESS | <b>n/a</b>  |
| CITY-ST-ZIP    | <b>n/a</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>n/a</b>  |
| STREET ADDRESS | <b>n/a</b>  |
| CITY-ST-ZIP    | <b>n/a</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>n/a</b>  |
| STREET ADDRESS | <b>n/a</b>  |
| CITY-ST-ZIP    | <b>n/a</b>  |

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**      **4/23/02**      Date      Daytime Phone #

CR2E034 (9/01)