2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # G90615** 1. Entity Name PARK PLAZA ENTERPRISES, INC. 04-28-2000 90047 038 ***150.00 Principal Place of Business Mailing Address PO 80X 141026 15225 N.W. 77 AVENUE, SUITE 205 CORAL GABLES FL 33114-1026 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business -NO CHANGE-7791 N.W. 146th Stree Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Civistate Lakes, City & State 59-2376107 Not Applicable Zig 33016-1559 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Wendell Nichols & Co. NICHOLS, WENDELL I. Street Address (P.O. Box Number is Not Acceptable) 7791 N.W. 146th Street 15225 N.W. 77 AVENUE, SUITE 205 MIAMI LAKES FL 33014 33016-1559 Miami Lakes, FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Channe ☐ Addition TITLE ☐ Delete TITLE MARTINEZ DE VILLA, G. NAME NAME STREET ADDRESS STREET ADDRESS 11 ISLAND AVE. APT. 410 CITY-ST-ZIP CHTY-ST-ZIP MIAMI BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME MARTINEZ DE VILLA, S. STREET ADDRESS STREET ADDRESS 11 ISLAND AVE APT 410 CITY-ST-ZIP CITY-ST-ZIP MIAMI BACH FL XX Change Addition **ASVP** Delete TITLE address TITLE MARTINEZ DE VILLA MARIA T-NAME NAME 9240 Fountainbleau Blvd. # 505 STREET ADDRESS 8185 NW 7TH ST APT 201 STREET ADDRESS CITY-ST-ZIP Miami, FL 33172 CITY-ST-ZIP **MIAMI FL 33126** Addition . ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Gelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. at with an ad