2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 10, 2002 8:00 am Secretary of State DOCUMENT # N0000005291 1. Entity Name 06-10-2002 90464 047 ****61.25 PLAZA NORTH, INC. Principal Place of Business Mailing Address 320 COLLINS AVE. 320 COLLINS AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number **-59** 1040910 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZUBKÖFF, WILLIAM 320 COLLINS AVE. MIAMI BEACH FL 33139 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition ☐ Delete TITLE TITLE GALBUT, RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS 320 COLLINS AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition D Delete TITLE ZUBKOFF, WILLIAM NAME STREET ADDRESS STREET ADDRESS 320 COLLINS AVE. CITY_ST-ZIP__ CITY_ST-ZIP_ MIAMI-BEACH-FL-33139 --Change ☐ Addition ☐ Delete TITLE NAME SCHWARTZ, FELICE NAME STREET ADDRESS STREET ADDRESS 320 COLLINS AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE KALUS, ELLIOT NAME NAME STREET ADDRESS STREET ADDRESS 320 COLLINS AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empranged 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 a

SIGNATURE:

March 6, 2002 3058681830