

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90097 018 ****61.25

DOCUMENT # N02000007248

1. Entity Name
**UNIVERSITY PROFESSIONAL PLAZA UNIT OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322**

Mailing Address
**8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322**

94006733



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2345476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BREVD, PAUL
8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
STITZER, TED
6574 N. STATE ROAD 7, #334
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BREVD, PAUL
8200 W. SUNRISE BLVD. #D-2
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHANKAR, MURALI DR.
8200 W. SUNRISE BLVD.
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DORN, SAM DR.
8200 W. SUNRISE BLVD.
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
YANG, JAMES DR.
8200 W. SUNRISE BLVD.
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04 954 370 7100
Date Daytime Phone #