

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 90697 045 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2345474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WILLIAMS, GEORGE DR.**
STREET ADDRESS **8200 W. SUNRISE BLVD.**
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **AS** ☒ Delete
NAME **WILLIAMS, MICHAEL DR.**
STREET ADDRESS **8200 W. SUNRISE BLVD.**
CITY-ST-ZIP **PLANTATION FL 33322**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President, D** ☐ Change ☒ Addition
NAME **TED STITZER**
STREET ADDRESS **6574 N. STATE ROAD 7 # 334**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President, D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President, D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

9543707100

Daytime Phone

CR2E037 (10/02)