

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29049**

1. Entity Name
OCEAN PLAZA ASSOCIATES, LTD.



FILED

03 APR 11 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2091 S. OCEAN DR.
HALLANDALE FL 33009**

Mailing Address
**2091 S. OCEAN DR.
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0151223**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLACK, CHARLES
* 2091 S. OCEAN DR.
HALLANDALE FL 33009**

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.

DATE

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G55794**
NAME **SOUTH FLORIDA HEALTHCARE MANAGEMENT CORP**
STREET ADDRESS **2091 S. OCEAN DR.**
CITY-ST-ZIP **HALLANDALE FL 33009**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/07/03 954-457-0600

CR2E003 (10/02)

0008984 AT