

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2016
Secretary of State
CC8875915963

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

Current Principal Place of Business:

8200 W. SUNRISE BLVD.
PLANTATION, FL 33322

Current Mailing Address:

8200 W SUNRISE BLVD
SUITE B1
PLANTATION, FL 33322 US

FEI Number: 59-2345476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDRE, GRENIER
8200 W SUNRISE BLVD
SUITE B1
PLANTATION, FL 33322 US

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: ANDRE GRENIER

04/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP D
Name MIDDELHOF, ANNETTE
Address 8200 W SUNRISE BLVD
BLDG A
City-State-Zip: PLANTATION FL 33322

Title VP D
Name SHANKAR, MURALI DR.
Address 8200 W. SUNRISE BLVD.
BLDG D
City-State-Zip: PLANTATION FL 33322

Title VP D
Name FREEMAN, CHRIS DR.
Address 8200 W. SUNRISE BLVD.
SUITE B3
City-State-Zip: PLANTATION FL 33322

Title VP D
Name SHAVEER, DHATIGARA
Address 8200 W. SUNRISE BLVD.
BLDG C
City-State-Zip: PLANTATION FL 33322

Title P D
Name GRENIER, ANDRE
Address 8200 W SUNRISE BLVD
SUITE B1
City-State-Zip: FORT LAUDERDALE FL 33322

Title VP, D
Name WEINER, SY
Address 8200 W SUNRISE BLVD
SUITE B2
City-State-Zip: PLANTATION FL 33322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDRE GRENIER

P D

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date