

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007248

Entity Name: UNIVERSITY PROFESSIONAL PLAZA UNIT OWNERS' ASSOCIATION, INC.**FILED**
Apr 29, 2019
Secretary of State
6907774186CC**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****04/29/2019**

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	JOSE, MELO B DR.
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**PRESIDENT****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date