

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90055 037 \*\*\*158.75

**DOCUMENT # 365749**

1. Entity Name  
**TOWN PARK PLAZA SOUTH INC**

Principal Place of Business      Mailing Address  
**1798 N.W. 5TH AVENUE.**      **PO BOX 015607**  
**MIAMI FL 33136**      **MIAMI FL 33101-5607**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1325730**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DARCELIN, MARY**  
**1835 NW 5TH PLACE**  
**MIAMI FL 33136**

7. Name and Address of New Registered Agent  
 Name **WIMS, MARIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1780 NW 5TH AVENUE #M**  
 City **MIAMI**      **FL**      Zip Code **33136**

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.

SIGNATURE MARIE G WIMS, PRESIDENT      DATE 4/6/2000  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WIMS, MARIE</b> <b>1780 NW 5TH AVE #M</b> <b>MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIMS, MARIE</b> <b>1780 NW 5TH AVE #M</b> <b>MIAMI, FL 33136</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>RACHEL, SHARON</b> <b>1808 NW 5TH PLACE</b> <b>MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARZU, DARLING</b> <b>1832 NW 5TH PLACE</b> <b>MIAMI, FL 33136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ABBOTT, MARIE</b> <b>1807 NW 5TH PLACE</b> <b>MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASH, LOUISE</b> <b>1742 NW 5TH AVENUE</b> <b>MIAMI, FL 33136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DARCELIN, MARY</b> <b>1835 NW 5TH PL</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DARCELIN, MARY</b> <b>1835 NW 5TH PLACE</b> <b>MIAMI, FL 33136</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, ESTELLE</b> <b>1807 NW 5TH PLACE</b> <b>MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, TONYA</b> <b>1872 NW 5TH PLACE</b> <b>MIAMI, FL 33136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCDONALD, HARRIETT</b> <b>1730 NW 5TH AVE.</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE G WIMS      Date 4-6-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/99)