

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90109 048 ***158.75

DOCUMENT # 365749

1. Entity Name
TOWN PARK PLAZA SOUTH INC

Principal Place of Business 1798 N.W. 5TH AVENUE. MIAMI FL 33136	Mailing Address PO BOX 015607 MIAMI FL 33101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-1325730	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WIMS, MARIE
1780 NW 5TH AVE #M
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name **RACHEL, SHARON**

Street Address (P.O. Box Number is Not Acceptable)
1808 NW 5TH PLACE

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 SHARON RACHEL **PRESIDENT** **04/24/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIMS, MARIE 1780 NW 5TH AVE #M MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RACHEL, SHARON 1808 NW 5TH PLACE MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ABBOTT, MARIE 1807 NW 5TH PLACE MIAMI FL 33136 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARCELIN, MARY 1835 NW 5TH PL MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, ESTELLE 1807 NW 5TH PLACE MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, HARRIETT 1730 NW 5TH AVE. MIAMI FL <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIMS, MARIE 1780 NW 5TH AVE #M MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RACHEL, SHARON 1808 NW 5TH PLACE MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARZU, DARLING 1832 NW 5TH PLACE MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARCELIN, MARY 1835 NW 5TH PLACE MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ESTELLA 1843 NW 5TH PLACE MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON, TONYA 1872 NW 5TH PLACE MIAMI, FL 33136 <input checked="" 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)(j), 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: Sharon Rachel **4-24-01** **305 576-2107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

TOWN PARK PLAZA SOUTH CO-OP

DOCUMENT # 365749

*Attachment
B0040953*

AT
LEVY, ALMA
1722 NW 5TH AVENUE
MIAMI, FL 33136

0 Change Addition

D
CASH, LOUISE
1742 NW 5TH AVENUE
MIAMI, FL 33136

SIGNATURE	<i>Sharon Rachel</i>	President	4/24/01
	Signature	Title	Date