

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91504 001 ***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

2. Principal Place of Business 3. Mailing Address
TOWN PARK PLAZA SOUTH P.O. BOX 015607
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1798 NW 5TH AVENUE

City & State **MIAMI, FL** City & State **MIAMI, FL** 4. FEI Number **59-1325730** Applied For
 Not Applicable

Zip **33136** Country **DADE** Zip **33101** Country **DADE** 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
RACHEL, SHARON Name **MARY DARCELIN**
1808 NW 5TH PLACE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33136 **1835 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 *Mary Darcelin* **MARY DARCELIN** 04/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 <input type="checkbox"/> Delete NAME D WIMS, MARIE STREET ADDRESS 1780 NW 5TH AVE #M CITY-ST-ZIP MIAMI FL 33136		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME T WIMS, MARIE STREET ADDRESS 1780 NW 5TH AVE #M CITY-ST-ZIP MIAMI, FLORIDA 33136	
TITLE <input type="checkbox"/> Delete NAME P RACHEL, SHARON STREET ADDRESS 1808 NW 5TH PLACE CITY-ST-ZIP MIAMI FL 33136		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME D RACHEL, SHARON STREET ADDRESS 1318 NW 7TH CT CITY-ST-ZIP MIAMI, FLORIDA 33136	
TITLE <input type="checkbox"/> Delete NAME VP ARZU, DARLING STREET ADDRESS 1832 NW 5TH PLACE CITY-ST-ZIP MIAMI FL 33136		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME S McDONALD, HARRIET STREET ADDRESS 1730 NW 5TH AVE CITY-ST-ZIP MIAMI, FLORIDA 33136	
TITLE <input type="checkbox"/> Delete NAME T DARCELIN, MARY STREET ADDRESS 1835 NW 5TH PLACE CITY-ST-ZIP MIAMI FL 33136		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P DARCELIN, MARY STREET ADDRESS 1835 NW 5TH PLACE CITY-ST-ZIP MIAMI, FLORIDA 33136	
TITLE <input checked="" type="checkbox"/> Delete NAME D BROWN, ESTELLE STREET ADDRESS 1843 NW 5TH PLACE CITY-ST-ZIP MIAMI FL 33136		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D WILLIAMS, ACONIA STREET ADDRESS 1814 NW 5TH PLACE CITY-ST-ZIP MIAMI, FLORIDA 33136	
TITLE <input type="checkbox"/> Delete NAME AS JACKSON, TONYA STREET ADDRESS 1872 NW 5TH PLACE CITY-ST-ZIP MIAMI FL 33136		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME AT LEVY, ALMA STREET ADDRESS 1838 NW 5TH PLACE CITY-ST-ZIP MIAMI, FLORIDA 33136	

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: *Mary Darcelin* **REQUIRED** 4/17/02 (305) 5734409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

Attachment

DOCUMENT #365749

842720

D

CHANGE

ADDITION

RUTHERFORD, CONSTANCE
1802 NW 5TH PLACE
MIAMI, FLORIDA 33136