

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389705

1. Entity Name

TOWN PARK PLAZA NORTH, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90068 009 ***158.75

Principal Place of Business

**1945 N.W. 5TH PLACE
MIAMI FL 33136**

Mailing Address

**1945 N.W. 5TH PLACE
MIAMI FLA 33136-1242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1349095

Applied For

Not Applicable

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

**SHIRER & ASSOCIATES OF FLORIDA
6801 DIANA COURT
TAMPA FL 33610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 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	M	<input checked="" type="checkbox"/> Delete
NAME	PAUL MCCLARY	
STREET ADDRESS	1915 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, GEORGIA	
STREET ADDRESS	1932 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCRUGGS, JULIA	
STREET ADDRESS	1974 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	BROWN, MEREDITH	
STREET ADDRESS	1940 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BROWN, ELMIRA	
STREET ADDRESS	1958 NW 4 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STARKS, WILLIE	
STREET ADDRESS	6761 ROYAL MELBOURNE DR	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Henry	
STREET ADDRESS	1982 NW 5th Place	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgia Miller	
STREET ADDRESS	731 NW 10th Street	
CITY-ST-ZIP	Miami, FL 33136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meredith Brown	
STREET ADDRESS	1960 NW 4th Court	
CITY-ST-ZIP	Miami, FL 33136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Willie Starks* **Willie Starks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(305) 573-0874

Daytime Phone #

CR2E034 (9/99)