

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90061 048 \*\*\*158.75

**DOCUMENT # 389705**

1. Entity Name  
**TOWN PARK PLAZA NORTH, INC.**

Principal Place of Business <b>1945 N.W. 5TH PLACE          MIAMI FL 33136</b>	Mailing Address <b>1945 N.W. 5TH PLACE          MIAMI FL 33136</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1349095</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>SHIRER &amp; ASSOCIATES OF FLORIDA</b> <b>6801 DIANA COURT</b> <b>TAMPA FL 33610</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>M</b>	<input type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENRY, BARBARA</b>		NAME	<b>Elizabeth Ferguson</b>	
STREET ADDRESS	<b>1982 NW 5TH PL</b>		STREET ADDRESS	<b>1990 NW 4th Court #5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>		CITY-ST-ZIP	<b>Miami, Florida 33136</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, GEORGIA</b>		NAME	<b>Norma Jean Walker</b>	
STREET ADDRESS	<b>731 NW 10TH ST</b>		STREET ADDRESS	<b>1984 NW 4th Court</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>		CITY-ST-ZIP	<b>Miami, Florida 33136</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MEREDITH</b>		NAME	<b>Georgia Miller</b>	
STREET ADDRESS	<b>1960 NW 4TH CT</b>		STREET ADDRESS	<b>731 NW 10th Street</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>		CITY-ST-ZIP	<b>Miami, Florida 33136</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ELMIRA</b>		NAME		
STREET ADDRESS	<b>1958 NW 4 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARKS, WILLIE</b>		NAME		
STREET ADDRESS	<b>6761 ROYAL MELBOURNE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33015</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Laticia Hunter, Office Manager / 4/24/01 / (305) 573-0874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)