

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389705

1. Entity Name

TOWN PARK PLAZA NORTH, INC.

Principal Place of Business

1945 N.W. 5TH PLACE
MIAMI FL 33136

Mailing Address

1945 N.W. 5TH PLACE
MIAMI FL 33136

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 59-1349095

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Delete
NAME	HENRY, BARBARA	
STREET ADDRESS	1982 NW 5TH PL	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, GEORGIA	
STREET ADDRESS	731 NW 10TH ST	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, MEREDITH	
STREET ADDRESS	1960 NW 4TH CT	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Ferguson	
STREET ADDRESS	1990 NW 4th Court #5	
CITY-ST-ZIP	Miami, Florida 33136	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Jean Walker	
STREET ADDRESS	1984 NW 4th Court	
CITY-ST-ZIP	Miami, Florida 33136	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgia Miller	
STREET ADDRESS	731 NW 10th Street	
CITY-ST-ZIP	Miami, Florida 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:

Laticia Hunter Office Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
Date

(305) 573-0874
Daytime Phone #

CR2E034 (10/00)