

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90122 048 \*\*\*550.00

**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

4. FEI Number **59-1349095**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Presidio Realty Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**6801 Diana Court**

City **Tampa**

**FL**

Zip Code  
**33610**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **HENRY, BARBARA**  
 STREET ADDRESS **1982 NW 5TH PL**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **Asst. Secretary** ☐ Change ☒ Addition  
 NAME **Elizabeth Ferguson**  
 STREET ADDRESS **1990 NW 4th Court #5**  
 CITY-ST-ZIP **Miami, Florida 33136**

TITLE **M** ☐ Delete  
 NAME **MILLER, GEORGIA**  
 STREET ADDRESS **731 NW 10TH ST**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **Elmira Brown**  
 STREET ADDRESS **1958 NW 4th Court**  
 CITY-ST-ZIP **Miami, FL 33136**

TITLE **S** ☐ Delete  
 NAME **BROWN, MEREDITH**  
 STREET ADDRESS **1960 NW 4TH CT**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Georgia Miller**  
 STREET ADDRESS **731 NW 10th Street**  
 CITY-ST-ZIP **Miami, FL 33136**

TITLE **AS** ☐ Delete  
 NAME **BROWN, ELMIRA**  
 STREET ADDRESS **1958 NW 4 COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **Member** ☒ Change ☐ Addition  
 NAME **Norma Jean Walker**  
 STREET ADDRESS **1984 NW 4th Ct.**  
 CITY-ST-ZIP **Miami, FL 33136**

TITLE **P** ☐ Delete  
 NAME **STARKS, WILLIE**  
 STREET ADDRESS **6761 ROYAL MELBOURNE DR**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **WALKER, NORMA JEAN**  
 STREET ADDRESS **1984 NW 4TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☐ 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/02**

**(305) 573-0874**

Date

Daytime Phone #

CR2E034 (4/02)