

FILED  
Feb 10, 2003 8:00 am  
Secretary of State

01-10-2003 90098 025 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **491135**

1. Entity Name  
**AMERICAN PLAZA, INC.**



Principal Place of Business  
**1300 SE 17TH ST  
210  
FT LAUDERDALE FL 33316  
US**

Mailing Address  
**1300 SE 17TH ST  
210  
FT LAUDERDALE FL 33316  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702035**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, ANDREW L  
1300 SE 17TH STREET  
SUITE 210  
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name ~~Jose A. Alvarez S.~~ **ANDRES J. IRIONDO**  
Street Address (P.O. Box Number is Not Acceptable)  
~~1300 SE 17th St~~ **901 PONCE DE LEON BLVD #501**  
City ~~FT LAUDERDALE~~ **CORAL GABLES FL** Zip Code ~~33316~~ **33134**

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]* **Andres J. Iriondo** DATE **2/6/03**

**FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
NAME **JOSE, AGUSTIN ALVAREZ S.**  
STREET ADDRESS **1300 SE 17TH ST SUITE 210**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **ANTON, ADRIANA ALVAREZ**  
STREET ADDRESS **1300 SE 17TH ST SUITE 210**  
CITY-ST-ZIP **FT-LAUDERDALE-FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *[Signature]* **JOSE AGUSTIN ALVAREZ S.** DATE **2/6/03** DAYTIME PHONE # **954-4673351**

CR2E034 (10/02)