

DOCUMENT # 638013

1. Entity Name

PINE LAKE PLAZA, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90062 002 ***150.00

Principal Place of Business	Mailing Address
10400 GRIFFIN ROAD #210 COOPER CITY FL 33328	10400 GRIFFIN ROAD #210 COOPER CITY FL 33328

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	5. Certificate of Status Desired	Applied For
59-1184929	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMSON, ROBERT 10400 GRIFFIN ROAD #210 COOPER CITY FL 33328	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 _____ (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.
<input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																						
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

954-434-7925

Daytime Phone #

CR2E034 (10/00)