## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 716116**

1. Entity Name

CENTURY PLAZA ASSOCIATION, INC.

FILED	
Feb 29, 2000 8:00 an	m
Secretary of State	

02-29-2000 90091 015 \*\*\*\*61.25

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Principal Place of Business Mailing Address						=							
1012 NORTH ( POMPANO BE		1012 NORTH OCEAN BLVD. POMPANO BEACH FL 33062-4056				គតិតិវិង១ខុខ							
					.								
2. Principal Place of Business 3. Mailing Address													
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	re .	City & State			4. FE	59-1310400					plied For Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required								
	6. Name and Address of Current F	ll Registered Agent			7. Na	me and	Address of	New Regis					
				7. Name and Address of New Registered Agent Name									
			Street Address (P.O. Box Number is Not Acceptable)										
	, ANTHONY												
	Cean Boulevard Dibeach Fl 33082	•		Ĺ									
1 OMI AIX	2 DEVOLLLE GOODE			City		<del></del> -	<u></u>		FL	Zip Code	Э		
8. The above	named entity submits this statement for	the ourpose of changing its	registere	ed office or	registered ager	t, or both	n, in the state	of Florida	<del></del>	<del>-</del>			
	· · · · · · · · · · · · · · · · · · ·		•										
								•					
SIGNATURE .	Signature, typed or printed name of registered agent a	-days 4 - ski-ble /NOTE	Desistano	d Asset pignati	ure required when reins	etation)			DATE				
	Signature, typed or printed name of registered agent a	no title if applicable: (NOTE	negisterer		are required when reins								
		0 Floring Commission			<b>A. A.</b>						-		
FILE NOW: 9. Election Trust Ful						Be	}			ayable to of State	)		
	FEE IS \$61.25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			110000 10 1 001	•		Dehai	CHICHL C	or orare	ı		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIO	NS/CHA	ANGES TO C	FFICERS /	AND DIRI	ECTORS IN	10 /		
TITLE	VPD	Delete TITL		:	VPD		_			Change	<b>1</b> ☑ Addition		
NAME	KARR, GUY	NA			WAYNE				" 2 0	1			
STREET ADDRESS		1012 NO OCEAN BLVD		et address -st-zip	1012 No Ocean Blvd. #301 Pompano Beach, Fl. 33062								
CITY-ST-ZIP	POMPANO BEACH FL 33062	<del></del>	-								Addition		
TITLE	PD ANTHONY	☐ Delete	TITLE		Direc			rity		☐ Change	ADDITION [4]		
NAME STREET ADORESS	COLETTA, ANTHONY 1012 N OCEAN BLVD			ET ADDRESS	Denni			n 1 A			: '		
CITY-ST-ZIP	POMPANO BEACH FL 33062		-	-ST-ZIP	1012 Pompa				445	22062			
TITLE	TD	☐ Delete	TITLE		Pompa_	IQ B	eacn,	FIUI	-ua-	☐ Change	Addition		
NAME	SWATOSH, ROBERT	D Ocioto	NAM								_		
STREET ADDRESS	1012 NO OCEAL BLVD		STRE	ET ADDRESS									
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY	-ST-ZIP		_							
TITLE	RSD	☐ Delete	TITLE						-	☐ Change	☐ Addition		
NAME	CAMERON, ROBERT		NAM										
STREET ADDRESS	1012 NO OCEAN BLVD			ET ADDRESS									
CITY-ST-ZIP	POMPANO BEACH FL 33062	<del></del>	_	-ST-ZIP		_							
TITLE	SD DAVIS VEDNA	☐ Delete	TITLE		1					☐ Change	☐ Addition		
NAME STREET ADDRESS	DAVIS, VERNA		NAM STRE	et Et address									
CITY-ST-ZIP	1012 N OCEAN BLVD POMPANO BEACH FL 33062			-ST-ZIP									
TITLE	ASD	Delete	-		<del></del> -					☐ Change	☐ Addition		
NAME	JONES, SHIRLEY	FTT - DEIRIG	NAM							Unungo			
STREET ADDRESS	1012 N OCEAN BLVD			ET ADDRESS									
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY	-ST-ZIP					_				
12 I hereby	certify that the information supplied with	this filing does not qualify for	the exe	motion stat	ted in Section 11	9 07(3)(i	i) Florida Sta	atutes I fur	ther certi	fy that the in	nformation		

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 617, 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 like empowered.

SIGNATURE: \_

Significant Coletta

(954) 781-4824

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