2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91393 019 ****61.25

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DOCUMENT # 742054

1. Entity Name

THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR ~~366~~ SUITE 203 BOCA RATON FL 33486 US	5200 TOWN CENTER CIR ~~366~~ SUITE 203 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 Town Center Cir	5200 Town Center Cir
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.: 203
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33486 Country: USA	Zip: 33486 Country: USA

4. FEI Number: 59-1892913 ☐ 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
VALDES-FAULI CORP. SERVICES. INC. ONE BISCAYNE TOWER-3400 2 S. BISCAYNE BLVD. MIAMI FL 33131	Name: AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): ONE SOUTHEAST 3rd AVENUE 28TH FLOOR City: MIAMI FL Zip Code: 33131

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: By: Nery C. Toledo, asst. Sec. Nery C. Toledo, Asst. Sec. 3/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ERICKSON, R. MICHAEL 5355 TOWN CENTER RD. #701 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BELL, KATHLEEN T. 5200 TOWN CENTER CIR ~~366~~ 203 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILL, LAURA 5200 TOWN CENTER CIR ~~366~~ 203 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, KEVIN M 5295 TOWN CENTER ROAD, #200 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLOUTER-LOWE, SARA 621 NW 53RD STREET #100 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, KEVIN 5275 TOWN CENTER PLAZA #200 BOCA RATON FL 33486	☒ Delete Listed twice DUPLICATE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED KATHLEEN T. BELL 03.12.02 (561)361-9804