

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90046 032 ****66.25

DOCUMENT # 751265

1. Entity Name

SUZANNE PLAZA OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7910 TAFT STREET
 APT 210
 PEMBROKE PINES FL 33024

7910 TAFT STREET
 APT 210
 PEMBROKE PINES FL 33024

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

59-2326045

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

7. Name and Address of New Registered Agent

KAPLAN, SYLVIA
7910 TAFT ST. #210
PEMBROKE PINES FL 33024

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, SYLVIA	NAME	
STREET ADDRESS	7910 TAFT ST #210	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, JOSEPH	NAME	
STREET ADDRESS	7910 TAFT ST #210	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, JUDY	NAME	
STREET ADDRESS	7910 TAFT ST #210	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISFELD, ARTHUR	NAME	
STREET ADDRESS	7910 TAFT ST #209	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTELLONE, MARY	NAME	
STREET ADDRESS	7910 TAFT ST #207	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEWALA, MOHAMMED	NAME	
STREET ADDRESS	7771 NW 30 ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 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: *Sylvia Kaplan* **REQUIRED**

3-4-02 254-893-0825

CR2E037 (9/01)