


2000 UNIFORM BUSINESS REPORT (UBR)

0017511 1

DOCUMENT # A17220			
1. Entity Name HYPOLUXO PLAZA, LTD.			
Principal Place of Business C/O PWGP, INC. P.O. BOX 39238 FORT LAUDERDALE FL 33339-9238		Mailing Address C/O PWGP, INC. P.O. BOX 39238 FORT LAUDERDALE FL 33339-9238	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent GREATON, WILSON B JR. 2601 EAST OAKLAND PARK BLVD. #405 FT. LAUDERDALE FL 33306		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$80,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$80,000.00	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000052350 PWGP, INC. P.O. BOX 39238 FT. LAUDERDALE FL 33339	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	800003144020 4 -02/23/00--01020--001 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
PWGP, INC., General Partner			
SIGNATURE: WILSON B. GREATON, JR.		2/2/00 954/561-0313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Wilson B. Greaton, Jr., President		Date Daytime Phone #	

FILED
00 FEB 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)