

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20367

1. Entity Name

IMPERIAL PLAZA ASSOCIATES, LTD.

Principal Place of Business

% CONTINENTAL EQUITIES GROUP  
38 E. 57TH ST. 3RD FLOOR  
NEW YORK NY 10022

Mailing Address

% CONTINENTAL EQUITIES GROUP  
38 E. 57TH ST. 3RD FLOOR  
NEW YORK NY 10022-2512

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

13-3280261

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

BEDKE, MICHAEL

RUDNICK & WOLFE

101 E. KENNEDY BLVD., SUITE 2000

TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record:

\$1,469,039.00

10. Amount of Capital Contributions  
in FLORIDA to date:

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 # P98000011043  
NAME IMPERIAL PLAZA, INC.  
STREET ADDRESS 38 E. 57TH ST. 3RD FLOOR  
CITY - ST - ZIP NEW YORK NY 10022

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE