

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 13 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A22527**

1. Entity Name

PLAZA CIRCLE, LTD.

Principal Place of Business

2401 PGA BLVD
SUITE 196
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD
SUITE 196
PALM BEACH GARDENS FL 33410

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

59-2687476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

PERRY, FRANCES T
2401 P.G.A. BLVD STE 196
SUITE 196
PALM BEACH GARDENS, FLA. FL 33410

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

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

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J07294 PLAZA CIRCLE, INC. 2401 PGA BLVD STE #196 PALM BCH GARDENS FL	STREET ADDRESS	
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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: *Ann J Taylor* **ANN J TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/02 561-22-7969
Date Daytime Phone #

CR2E003 (9/01)