

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011853 AT

DOCUMENT # A22992

1. Entity Name

COCOPLUM PLAZA II, LTD.

FILED  
02 APR 29 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3111 FORTUNE WAY. #B-18  
WEST PALM BEACH FL 33414

Mailing Address  
3111 FORTUNE WAY. #B-18  
WEST PALM BEACH FL 33414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 59-2667053

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

SHAPIRO, STEVEN  
3111 FORTUNE WAY  
STE. B-18  
WEST PALM BEACH FL 33717

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. \$300.00

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 # 609203  
NAME PDC DEVELOPMENT CORP.  
STREET ADDRESS 3111 FORTUNE WAY # B-18  
CITY-ST-ZIP W. PALM BCH FL 33414

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CR2E003 (9/01)

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

4/22/02 561 793-585