

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26189**

1. Entity Name

**PLAZA 76, LTD**

Principal Place of Business

% CHARLES E. MEYER  
811 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address

% CHARLES E. MEYER  
811 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0041198**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYER, CHARLES E.  
811 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL FL 33301

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

**\$160,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MEYER, CHARLES E.	811 EAST LAS OLAS BLVD.	FT. LAUDERDALE FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	
CITY-ST-ZIP	<b>600003428776--7</b> <b>-10/18/00--01060--021</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	<b>600003428776--7</b> <b>-10/18/00--01060--022</b> <b>****400.00 ****400.00</b>
STREET ADDRESS	
CITY-ST-ZIP	

**PAID**  
CK. NO. **784**  
DATE **8/1/00**

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

Date

Daytime Phone #

0001863 AF

CR2E003 (5/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02



DO NOT WRITE IN THIS SPACE