

2001 UNIFORM BUSINESS REPORT (UBR)

0002704 AF

DOCUMENT # **A29049**

1. Entity Name

OCEAN PLAZA ASSOCIATES, LTD.

FILED

Principal Place of Business

1815 GRIFFIN RD. SUITE 203
DANIA FL 33009

Mailing Address

1815 GRIFFIN RD. SUITE 203
DANIA FL 33009

01 MAY -3 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2091 S. OCEAN DR

Suite, Apt. #, etc.

3. Mailing Address

2091 S. OCEAN DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE, FL.

City & State

HALLANDALE, FL

4. FEI Number

65-0151223

Applied For

Not Applicable

Zip

33009

Country

U.S.A

Zip

33009

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLACK, CHARLES

1815 GRIFFIN RD, SUITE 203

DANIA FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2091 - S. OCEAN DR

City

Hallandale

FL

Zip Code
33009

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

Charles Pollack - C. POLLACK

04/19/01

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

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

DOCUMENT # G55794
NAME SOUTH FLORIDA HEALTHCARE MANAGEMENT CORP
STREET ADDRESS 1815 GRIFFIN RD, SUITE 203
CITY-ST-ZIP DANIA FL 33009

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

2091 - S. OCEAN DR.

CITY-ST-ZIP

HALLANDALE, FL. 33009

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Charles Pollack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/19/01 954-457-0100

CR2E003 (11/00)