

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006294 AF

DOCUMENT # **A30449**

1. Entity Name

**AMADEUS PLAZA, LTD.**

**FILED**

**01 JUN 18 AM 9:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**175 TONEY PENNA DR.**

**STE. #207**

**JUPITER FL 33458**

Mailing Address

**175 TONEY PENNA DR.**

**STE. #207**

**JUPITER FL 33458**

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

**65-0217313**

Applied For

Not Applicable

5. Certificate of Status Desired : ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMADEUS PLAZA MANAGEMENT, INC.**

**114 SPY GLASS LANE**

**JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

**AMADEUS PLAZA MANAGEMENT, INC.**

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

**175 Toney Penna Dr.**

City

**Jupiter**

FL

Zip Code

**33458**

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

*Nadia Neksimal Ricci*, **NADIA NEKSIMAL-RICCI (S)**

**04/20/2001**

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.

**\$800,039.00**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**L90220  
AMADEUS PLAZA MGMT., INC  
114 SPY GLASS LANE  
JUPITER FL 33477**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

*Nadia Neksimal Ricci*, **NADIA NEKSIMAL-RICCI (S)**

**04/20/2001**

**(S) 713-9424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2E003 (11/00)