

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32928

1. Entity Name

EAST BOCA PLAZA ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33

Principal Place of Business  
3612 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442

Mailing Address  
JOAN I. NEUWIRTH, P.A.  
~~3637 NW 2 CT.~~  
PLANTATION FL 33324-7004



2. Principal Place of Business

3. Mailing Address

9810 NW 10 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

4. FEI Number 65-0337650

Applied For  
Not Applicable

Zip

Country

Zip 33322

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, JONATHAN  
3612 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442

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.

\$970,833.33

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 SILVERMAN, JONATHAN  
STREET ADDRESS 3612 WEST HILLSBORO BLVD  
CITY - ST - ZIP DEERFIELD BCH. FL

STREET ADDRESS  
CITY - ST - ZIP

400003312494--8

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jonathan Silverman

Pres

4/23/00

954-360-7111

Date

Daytime Phone #