

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000140**

1. Entity Name

PLAZA LIQUORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804	Mailing Address 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804-6869
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3155287	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACARTHUR, WILLIAM H 401 W. COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

9. Capital Contributions as Shown on record. \$295,000.00	10. Amount of Capital Contributions in FLORIDA to date. 295,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P92000002891	NAME BDC LIQUORS, INC.	STREET ADDRESS	
STREET ADDRESS 401 W. COLONIAL DRIVE, SUITE 7		CITY - ST - ZIP	32804-6869
CITY - ST - ZIP ORLANDO FL 32804			
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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: LIZ COLANT, ASSOC/TEXAS SIGNATURE RECORDED, Inc. G.P.	Date 4/4/00	Daytime Phone # 407-425-8276
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