

2000 UNIFORM BUSINESS REPORT (UBR)

000679 AF

DOCUMENT # A93000000626

1. Entity Name

CENTRAL PLAZA NORTH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business
15436 N. FLORIDA AVE., SUITE 101
TAMPA FL 33613

Mailing Address
15436 N. FLORIDA AVE., SUITE 101
TAMPA FL 33613-1225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2493369

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

MYERS, W. PARKINSON
13902 N. DALE MABRY HWY., STE 165
TAMPA FL 33618

Name

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

15436 N. Florida Avenue, Suite 101

City

Tampa

FL

Zip Code
33613

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. \$2,956,100.00

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 # P10713
NAME SLOKKER AMERICA, INC.
STREET ADDRESS 13902 N DALE MABRY HWY., STE 165
CITY - ST - ZIP TAMPA FL 33618

STREET ADDRESS 15436 N. Florida Avenue, Suite 101
CITY - ST - ZIP Tampa, FL 33613

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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100003245321-0
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/17/00 (813) 960-1006

04/13/2003 19:09