

2000 UNIFORM BUSINESS REPORT (UBR)

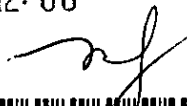
DOCUMENT # **A93000000627**

1. Entity Name

CENTRAL PLAZA CENTRAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06




DO NOT WRITE IN THIS SPACE

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 Ave.
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 W. R. DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$736,100.00** 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**

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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 DATE 4/25/00 (813) 960-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

C-00000001