

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000747

1. Entity Name

PARK PLAZA ASSOCIATES, LTD.

FILED

00 APR 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2600 E. COMMERCIAL BLVD., SUITE 200
FT. LAUDERDALE FL 33308

Mailing Address
2600 E. COMMERCIAL BLVD., SUITE 200
FT. LAUDERDALE FL 33308-4111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424732

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

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

Name
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City
Miami FL Zip Code
33131-2130

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

Jeffrey L. Mandler, VP

Jeffrey L. Mandler, VP

4/6/00

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:

\$2,178,000.00

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 # 572226
NAME M.L. PROPERTY MANAGEMENT, INC.
STREET ADDRESS C/O 2600 E. COMMERCIAL BLVD., SUITE 213
CITY-ST-ZIP FT. LAUDERDALE FL 33308

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

200003222002--0
-04/25/00--01007--011
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

Murray Siebowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)