

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000747**

1. Entity Name

**PARK PLAZA ASSOCIATES, LTD.**

FILED

02 JAN 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

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

**REGISTERED AGENTS OF FLORIDA, LLC  
100 SE SECOND ST., SUITE 3500  
MIAMI FL 33131-2130**

**Jennings & Valancy, Attorneys  
311 SE 13th Street  
Fort Lauderdale, FL 33316**

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 Steven Valancy U. Pres. U. Pres 01-16-02  
Signature, typed or printed name of registered agent and title if applicable. 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.S.L. PROPERTY MANAGEMENT, INC.**  
STREET ADDRESS **2600 E. COMMERCIAL BLVD., SUITE 200**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700004831867--2  
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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 #

CR2E003 (9/01)